

Fill in this information to identify the case:

Debtor name RHA Stroud, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA

Case number (if known) 20-13482-SAH

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 23, 2020

X

Signature of individual signing on behalf of debtor

Charles Eldridge

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

| | |
|---|---------------------------------|
| Debtor name | RHA Stroud, Inc |
| United States Bankruptcy Court for the: | Western |
| | District of Oklahoma (State) |
| Case number (If known): | 20-13482-SH |

Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*.....

\$ 0

1b. Total personal property:Copy line 91A from *Schedule A/B*.....

\$ 15,293,218

1c. Total of all property:Copy line 92 from *Schedule A/B*.....

\$ 15,293,218

Part 2: Summary of Liabilities

We were not provided with the information to complete this section. Our request #3 from our letter dated November 9, 2020

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ TBD

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ TBD

3b. Total amount of claims of nonpriority amount of unsecured claims:Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$ TBD

4. Total liabilities.....

Lines 2 + 3a + 3b

\$ TBD

Fill in this information to identify the case:

Debtor name RHA Stroud, Inc.
 United States Bankruptcy Court for the: Western District of Oklahoma
 (State)
 Case number (If known): 20-13482-SH

Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- No. Go to Part 2.
 Yes. Fill in the information below.

| All cash or cash equivalents owned or controlled by the debtor | Current value of debtor's interest | | |
|--|------------------------------------|---------------------------------|-------------------|
| 2. Cash on hand | \$ _____ | | |
| 3. Checking, savings, money market, or financial brokerage accounts (Identify all) | | | |
| Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | |
| 3.1. <u>Valiance Bank</u> | <u>Checking</u> | <u>7831</u> | <u>\$ 980,282</u> |
| 3.2. <u>Valiance Bank</u> | <u>Checking</u> | <u>7906</u> | <u>\$ 112,147</u> |
| 4. Other cash equivalents (Identify all) | | | |
| 4.1. <u>Valiance Bank</u> | <u>Checking</u> | x4749 | \$ 0 |
| 4.2. <u>Valiance Bank</u> | <u>Checking</u> | x3103 | \$.563 |
| 5. Total of Part 1 | | | |
| Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. | \$ <u>1,092,992</u> | | |

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments? UNKNOWN AT THIS TIME**

- No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

| | |
|------------|----------|
| 7.1. _____ | \$ _____ |
| 7.2. _____ | \$ _____ |

Debtor RHA Stroud, Inc.
Name _____ Case number (if known) 20-13482-SH _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent UNKNOWN AT THIS TIME

Description, including name of holder of prepayment

8.1. _____ \$ _____
8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less: \$4,648,417 - TBD = → \$ 4,648,417
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$2,811,084 - TBD = → \$ 2,811,084
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 7,459,501

Part 4: Investments**13. Does the debtor own any investments? UNKNOWN AT THIS TIME** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____
14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____
15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor RHA Stroud, Inc.
Name _____ Case number (if known) 20-13482-SH _____

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- No. Go to Part 6.
 Yes. Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|-------------------------------------|--|---|------------------------------------|
|---------------------|-------------------------------------|--|---|------------------------------------|

19. Raw materials

_____ MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

_____ MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

_____ MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

_____ MM / DD / YYYY \$ 335,087 Book as of 9/30/2020 \$ 335,087

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ 335,087

24. Is any of the property listed in Part 5 perishable? UNKNOWN AT THIS TIME

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? UNKNOWN AT THIS TIME

- No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- No. Go to Part 7.

- Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|--|---|------------------------------------|
|---------------------|--|---|------------------------------------|

28. Crops—either planted or harvested

_____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

_____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

_____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

_____ \$ _____ \$ _____

Debtor RHA Stroud, Inc.
Name _____ Case number (if known) 20-13482-SH _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

- No
 Yes. Is any of the debtor's property stored at the cooperative?
 No
 Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- No
 Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- No
 Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.
 Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 39. Office furniture | \$ _____ | _____ | \$ _____ |
| 40. Office fixtures | \$ 5,232,231 | Book as of 9/30/2020 | \$ 5,232,231 |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | \$ 1,173,407 | Book as of 9/30/2020 | \$ 1,173,407 |
| 42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 42.1 _____ | \$ _____ | _____ | \$ _____ |
| 42.2 _____ | \$ _____ | _____ | \$ _____ |
| 42.3 _____ | \$ _____ | _____ | \$ _____ |

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 6,405,638

44. Is a depreciation schedule available for any of the property listed in Part 7? UNKNOWN AT THIS TIME

- No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

- No
 Yes

Debtor

RHA Stroud, Inc.
Name

Case number (if known) 20-13482-SH

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.
 Yes. Fill in the information below.

| General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small> | Net book value of debtor's interest <small>(Where available)</small> | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|------------------------------------|
|---|---|---|------------------------------------|

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

| | | | |
|------------|----------|-------|----------|
| 47.1 _____ | \$ _____ | _____ | \$ _____ |
| 47.2 _____ | \$ _____ | _____ | \$ _____ |
| 47.3 _____ | \$ _____ | _____ | \$ _____ |
| 47.4 _____ | \$ _____ | _____ | \$ _____ |

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

| | | | |
|------------|----------|-------|----------|
| 48.1 _____ | \$ _____ | _____ | \$ _____ |
| 48.2 _____ | \$ _____ | _____ | \$ _____ |

49. Aircraft and accessories

| | | | |
|------------|----------|-------|----------|
| 49.1 _____ | \$ _____ | _____ | \$ _____ |
| 49.2 _____ | \$ _____ | _____ | \$ _____ |

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

| | | | |
|-------------------------|----------|-------|----------|
| Medical Equipment _____ | \$ _____ | _____ | \$ _____ |
|-------------------------|----------|-------|----------|

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Debtor

RHA Stroud, Inc.
Name

Case number (if known) 20-13482-SH

Part 9: Real property**54. Does the debtor own or lease any real property? UNKNOWN AT THIS TIME**

- No. Go to Part 10.
- Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|------------------------------------|
| 55.1 _____ | | \$ _____ | | \$ _____ |
| 55.2 _____ | | \$ _____ | | \$ _____ |
| 55.3 _____ | | \$ _____ | | \$ _____ |
| 55.4 _____ | | \$ _____ | | \$ _____ |
| 55.5 _____ | | \$ _____ | | \$ _____ |
| 55.6 _____ | | \$ _____ | | \$ _____ |

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9? UNKNOWN AT THIS TIME

- No
- Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

- No
- Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property? UNKNOWN AT THIS TIME**

- No. Go to Part 11.
- Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets _____ | \$ _____ | | \$ _____ |
| 61. Internet domain names and websites _____ | \$ _____ | | \$ _____ |
| 62. Licenses, franchises, and royalties _____ | \$ _____ | | \$ _____ |
| 63. Customer lists, mailing lists, or other compilations _____ | \$ _____ | | \$ _____ |
| 64. Other intangibles, or intellectual property _____ | \$ _____ | | \$ _____ |
| 65. Goodwill _____ | \$ _____ | | \$ _____ |

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Debtor

RHA Stroud, Inc.
Name

Case number (if known) 20-13482-SH

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? UNKNOWN AT THIS TIME

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

No
 Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form? UNKNOWN AT THIS TIME**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes. Fill in the information below.

Current value of
debtor's interest**71. Notes receivable**

Description (include name of obligor)

| | | | | | |
|--|-------------------|---|----------------------------------|-----|----------|
| | Total face amount | - | doubtful or uncollectible amount | = ➔ | \$ _____ |
|--|-------------------|---|----------------------------------|-----|----------|

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

| | | |
|--|----------|----------|
| | Tax year | \$ _____ |
| | Tax year | \$ _____ |
| | Tax year | \$ _____ |

73. Interests in insurance policies or annuities

| | |
|--|----------|
| | \$ _____ |
|--|----------|

74. Causes of action against third parties (whether or not a lawsuit has been filed)First Physician's Business Solutions, LLC; First Physician Services, LLC; First Physicians Resources, LLC,
First Physicians Realty Group, LLC and RH Acquisition

\$ _____

Nature of claim Breach of contract, breach of good faith and fair dealing, breach of fiduciary duty, lender liability, tortious interference

Amount requested \$ To Be Determined

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No
 Yes

Debtor

RHA Stroud, Inc.
Name

Case number (if known) 20-13482-SH

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1. | \$ 1,092,992 | |
| 81. Deposits and prepayments. Copy line 9, Part 2. | \$ _____ | |
| 82. Accounts receivable. Copy line 12, Part 3. | \$ 7,459,501 | |
| 83. Investments. Copy line 17, Part 4. | \$ _____ | |
| 84. Inventory. Copy line 23, Part 5. | \$ 335,087 | |
| 85. Farming and fishing-related assets. Copy line 33, Part 6. | \$ _____ | |
| 86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7. | \$ 6,405,638 | |
| 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. | \$ _____ | |
| 88. Real property. Copy line 56, Part 9. ➔ | | \$ _____ |
| 89. Intangibles and intellectual property. Copy line 66, Part 10. | \$ _____ | |
| 90. All other assets. Copy line 78, Part 11. | + \$ _____ | |
| 91. Total. Add lines 80 through 90 for each column. 91a. | \$ 15,293,218 | + 91b. \$ _____ |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. | | \$ 15,293,218 |

Fill in this information to identify the case:

Debtor name RHA Stroud, Inc.
United States Bankruptcy Court for the: Western District of Oklahoma
(State)
Case number (If known): 20-13482-SH

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court.

Yes. Fill in all of the information below.

| Part 1: List Creditors Who Have Secured Claims | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim |
|--|--|--|--|
| 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. | | | |
| 2.1 | <p>Creditor's name Rural Hospital Acquisition, LLC</p> <p>Creditor's mailing address CHRISTENSEN LAW GROUP PLLC 3401 NW 63RD STREET SUITE 600 OKLAHOMA CITY OK 73116</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred April 1, 2011</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____</p> | <p>Describe debtor's property that is subject to a lien The hospital facility at 2308 OK-66, Stroud, OK.</p> <p>_____</p> <p>_____</p> <p>Describe the lien</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> | |
| 2.2 | <p>Creditor's name Alliance Funding</p> <p>Creditor's mailing address _____</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority? _____</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p> | <p>Describe debtor's property that is subject to a lien Medical Equipment</p> <p>_____</p> <p>_____</p> <p>Describe the lien</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> | |
| 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$_____ | | | |

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
• Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

| | | |
|---|--|--|
| 2. Creditor's name | Describe debtor's property that is subject to a lien | To Be Determined |
| Hospital Equipment Rental Company | Medical Equipment | \$ _____ |
| Creditor's mailing address | \$ _____ | |
| 21900 E 96th Street | | |
| Broken Arrow OK 74014 | | |
| Creditor's email address, if known | Describe the lien | |
| | | |
| Date debt was incurred | Is the creditor an insider or related party? | |
| Last 4 digits of account number | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do multiple creditors have an interest in the same property? | Is anyone else liable on this claim? | |
| <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). |
| <input type="checkbox"/> Yes. Have you already specified the relative priority? | | |
| <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. | | |
| | | |
| | | |
| <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | | |
| 2. Creditor's name | Describe debtor's property that is subject to a lien | To Be Determined |
| NFS Leasing | Medical Equipment | \$ _____ |
| Creditor's mailing address | \$ _____ | |
| 900 CUMMINGS CENTER STE 226-U | | |
| BEVERLY MA 01915 | | |
| Creditor's email address, if known | Describe the lien | |
| | | |
| Date debt was incurred | Is the creditor an insider or related party? | |
| Last 4 digits of account number | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do multiple creditors have an interest in the same property? | Is anyone else liable on this claim? | |
| <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). |
| <input type="checkbox"/> Yes. Have you already specified the relative priority? | | |
| <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. | | |
| | | |
| | | |
| <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | | |

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
• Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

| | | |
|---|---|---|
| <p>2. Creditor's name Pitney Bowes</p> <p>Creditor's mailing address _____ _____</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p> | <p>Describe debtor's property that is subject to a lien Office equipment \$ _____ To Be Determined</p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> | <p>Describe debtor's property that is subject to a lien Medical Equipment \$ _____ To Be Determined</p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> |
|---|---|---|

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
* Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

| | | |
|---|---|--|
| 2. Creditor's name _____ Creditor's mailing address _____ _____ Creditor's email address, if known _____ | Describe debtor's property that is subject to a lien _____ Office equipment _____ Describe the lien _____ | To Be Determined \$ _____ \$ _____ |
| Date debt was incurred _____ Last 4 digits of account number _____ | | |
| Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | | |
| As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). | | |
| As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). | | |
| As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |

| | | |
|--|--|------------------------|
| 2. Creditor's name _____ Creditor's mailing address _____ _____ Creditor's email address, if known _____ | Describe debtor's property that is subject to a lien _____ _____ Describe the lien _____ | \$ _____ \$ _____ |
| Date debt was incurred _____ Last 4 digits of account number _____ | | |
| Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ | | |
| As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). | | |
| As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |

Debtor _____ **Case number (if known)** _____
Name _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Fill in this information to identify the case:

Debtor RHA Stroud, Inc.

United States Bankruptcy Court for the: Western District of Oklahoma
(State)
Case number 20-13482-SH
(If known)

Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).**

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | Total claim | Priority amount |
|---|---|-----------------|
| 2.1 Priority creditor's name and mailing address <hr/> <hr/> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____) | As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 2.2 Priority creditor's name and mailing address <hr/> <hr/> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____) | As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 2.3 Priority creditor's name and mailing address <hr/> <hr/> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____) | As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | Amount of claim | |
|--|--|--------------------------|
| 3.1 Nonpriority creditor's name and mailing address 24/7 RADIOLOGY, LLP 5820 Oberlin Drive, Suite 205 San Diego, CA 92121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Date or dates debt was incurred _____ See attached schedule Last 4 digits of account number _____ | \$ See attached schedule |
| 3.2 Nonpriority creditor's name and mailing address ABBEY HEALTHCARE STAFFING 3560 Hyland Ave Costa Mesa, CA 92626 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Date or dates debt was incurred _____ See attached schedule Last 4 digits of account number _____ | \$ See attached schedule |
| 3.3 Nonpriority creditor's name and mailing address ABBOTT DIABETES CARE SALES CORP The Corporation Company 120 N Robins, Suite 735 Oklahoma City, OK 73102 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Date or dates debt was incurred _____ See attached schedule Last 4 digits of account number _____ | \$ See attached schedule |
| 3.4 Nonpriority creditor's name and mailing address Accurate Fire Equipment Co., Inc. 10528 E. 12th St Tulsa, OK 74128 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Date or dates debt was incurred _____ See attached schedule Last 4 digits of account number _____ | \$ See attached schedule |
| 3.5 Nonpriority creditor's name and mailing address Agiliti Health, Inc. (UHS) 6625 West 78th Street, Suite 300 Minneapolis, MN 55439 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Date or dates debt was incurred _____ See attached schedule Last 4 digits of account number _____ | \$ See attached schedule |
| 3.6 Nonpriority creditor's name and mailing address ALERE NORTH AMERICA, INC 51 Sawyer Road Waltham, MA 02453 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Date or dates debt was incurred _____ See attached schedule Last 4 digits of account number _____ | \$ See attached schedule |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|---|--|------------------------------------|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address ALIMED, INC. 297 High Street Dedham, MA 02026 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address ALL POINTS CAPITAL CORPORATION 275 Broadhollow Road Melville, NY 11747 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address ANESTHESIA SERVICE, INC. 1821 N. Classen Road Oklahoma City, OK 73106 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address ARMSTRONG MEDICAL INDUSTRIES INC 575 Knightsbridge Pkwy Lincolnshire, IL 60069 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address Barnes, Antoinette 7120 Clearvista Dr. Indianapolis, IN 46256 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|---|--|------------------------------------|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address BOOMER BLINDS AND SHUTTERS Stroud, OK 74079 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address BROOKS INDUSTRIES 23291 Ventura Blvd. Woodland Hills, CA 91364 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address BUD BLAKELY LUMBER INC 107 West 13th Street Chandler, OK 74834 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address CAPGEMINI BUSINESS SERVICES 79 5th Ave, #300 New York, NY 10003 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address CARDINAL HEALTH INC c/o CT Corporation System 4400 East Commons Way, Suite 125 Columbus, OH 43219 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|---|---|------------------------------------|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address CLEMSON ENTERPRISES, INC. 10650 City, Road 81 Suite F Maple Grove, MN 55369 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? | | |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address CLIFFORD POWER 7300 Melrose Lane Oklahoma City, OK 73127 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? | | |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address Conner & Winters, LLP 1700 One Leadership Square 211 North Robinson Oklahoma City, OK 73102 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? | | |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address CUNNINGHAM'S SYNCRO TROPHY 905 Marvel Ave Chandler, OK 74834 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? | | |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address CVS CAREMARK 1 CVS Drive Woonsocket, RI 02895 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? | | |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|--|--|------------------------------------|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address DATA BUSINESS SYSTEMS, INC. | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| 230 US-206 Flanders, NJ 07836 | Basis for the claim: _____ | |
| Date or dates debt was incurred See attached schedule. | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number _____ | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address DAY, EDWARDS, PROPESTER & CHRISTENSEN | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| 210 Park Avenue Oklahoma City, OK 73102 | Basis for the claim: _____ | |
| Date or dates debt was incurred See attached schedule. | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number _____ | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address DLO COURIER | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| c/o Dennis L Hogle 225 NE 97th Street Oklahoma City, OK 73114 | Basis for the claim: _____ | |
| Date or dates debt was incurred See attached schedule. | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number _____ | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address DP MEDICAL SERVICES | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| 9289 N. Morning Glory Road Paradise Valley, AZ 85253 | Basis for the claim: _____ | |
| Date or dates debt was incurred See attached schedule. | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number _____ | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address DQE, INC | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| 8730 Commerce Park Place Indianapolis, IN 46268 | Basis for the claim: _____ | |
| Date or dates debt was incurred See attached schedule. | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number _____ | | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|-----------------------------|--|--|------------------------------------|
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address DYNAMIC INFUSION THERAPY 5156 Village Creek Drive, #102 Plano Texas 75093 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address DYSPHAGIA SPECIALISTS, PLLC 814 S Walnut Street Stillwater, OK 74074 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address E.T.C. (Elaine's Transport Company) 3717 Vickie Drive Oklahoma City, OK 73115 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address ELMED INCORPORATED 35 N Brandon Drive Glendale Heights, IL 60139 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address EPIMED 141 Sal Landrio Drive Johnstown, NY 12905 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|---|--|------------------------------------|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address EXPERIAN HEALTH INC (Passport) 720 Cool Springs Blvd. Suite 200 Franklin, TN 37067 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address First Physician Bus Solutions c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116 | As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address FIRST PHYSICIANS REALTY GROUP c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116 | As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address First Physicians Resources c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116 | As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address First Physicians Services c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116 | As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

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|-----------------------------|--|---|------------------------------------|
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address FISHER HEALTHCARE 118 Whispering Woods Road Charleston, WV 25304 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address GE PRECISION HEALTHCARE LLC 3000 N Grandview Blvd. Waukesha, WI 53188-1615 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address GLO GERM COMPANY 1101 S. Murphy Lane Moab, UT 84532 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address GRAINGER 100 Grainger Pkwy Lake Forest, IL 60045 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address GREAT PLAINS COCA COLA 127 N. Quapah Ave Oklahoma City, OK 73107 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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|--|---|------------------------------------|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address HEALTHCARE LOGISTICS, INC 450 Town Street Circleville, OH 43113 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address HEALTHLAND (CPSI) Evident 6600 Wall Street Mobile, AL 36695 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address HENRY SCHEIN 135 Dduryea Road Melville, NY 11747 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address HILLROM INC 1069 State Route 46 East Batesville, IN 47006 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address HOUSE OF VACUUM 313 Wikesboro Avenue North Wilksboro, NC 28659 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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|---|---|------------------------------------|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address IMPACT INSTRUMENTATIONS, INC 27 Fairfield Place West Caldwell, NJ 07006 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address INSIGHT 6820 South Harl Avenue Tempe, Arizona 85283 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address INTEGRA LIFESCIENCES CORP. 1100 Campus Road Princeton, NJ 08540 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address J&J Attn: Michael H. Ullmann One Johnson & Johnson Plaza New Brunswick, NJ 08933-0001 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address JAMES J. HODGENS, P.C. 301 W. Main Street Stroud, OK 74079 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

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|---|--|--|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | |
| JETRAD, LLC 4005 NW Expway St. STE 410 Oklahoma City, OK 73116 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | |
| | See attached schedule. | |
| Date or dates debt was incurred | Basis for the claim: _____ | |
| Last 4 digits of account number | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | |
| KCI USA Corporation Services Company 1800 Greenbriar Place Oklahoma City, OK 73159 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | See attached schedule. | |
| Date or dates debt was incurred | Basis for the claim: _____ | |
| Last 4 digits of account number | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | |
| M. LEE SMITH PUBLISHERS LLC 100 Winnders Circle N. # 300 Brentwood, TN 37027 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | See attached schedule. | |
| Date or dates debt was incurred | Basis for the claim: _____ | |
| Last 4 digits of account number | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | |
| MATHESON TRI GAS, INC 166 Keystone Drive Montgomeryville, PA 18936 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | See attached schedule. | |
| Date or dates debt was incurred | Basis for the claim: _____ | |
| Last 4 digits of account number | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | |
| MED ASSETS 100 North Point Center East , Suite 200 Alpharetta, GA 30022 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | See attached schedule. | |
| Date or dates debt was incurred | Basis for the claim: _____ | |
| Last 4 digits of account number | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address MEDICAL INSTRUMENT | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address MEDICAL INVENTORY CONTROL | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| 12400 N Santa Fe Ave. | _____ | |
| Oklahoma City, OK 73114 | _____ | |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address MEDIVATORS | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| 14605 28th Ave. N. | _____ | |
| Minneapolis, MN 55447 | _____ | |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES ,INC | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| One Medline Place | _____ | |
| Mundelein, IL 60060 | _____ | |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address MEDRIDE CORPORATION | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| c/o David Batson 4225 SW 44th Street Oklahoma City, OK 73119 | _____ | |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: Additional Page

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Amount of claim

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| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address MEDTRONIC NEUROLOGICAL DIVISION 710 Medtronic Parkway Minneapolis, MN 55432 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address N. T. AND H. ENTERPRISES, INC. 609 McNair Street Halstead, KS 67056 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address Nabholz Construction Services 6400 South Superior Ave. Oklahoma City, OK 73149 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address NETWERKES 1009 Windcross Ct Franklin, TN 37067 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address NEW DIRECTION ACUTE DIALYSIS 4334 NW Expressway Ste 165 Oklahoma City, OK 73116-1515 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

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| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address NOVARAD 752 E 1180 S, American Fork, UT 84003 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address Oklahoma Blood Institute c/o Randall Stark 1001 N. Lincoln Blvd. Oklahoma City, OK 73104 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address OKLAHOMA TAX COMMISSION General Counsel Office 100 North Broadway Ave. Ste. 1500\ Oklahoma City, OK 73102-86-1 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address Oklahoma's Choice Weekly _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address OMNICELL inc 590 East Middlefield Road Mountain View, CA 94043 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: Additional Page

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Amount of claim

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| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address ORGANOGENESIS INC 85 Dan Road Canton, MA 02021 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address OWENS & MINOR 9120 Lockwood Blvd. Mechanicsville, VA 23116 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address PC CONNECTIONS 730 Milford Road Route 101A Merrimack, NH 03054 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address PHILIPS HEALTHCARE (Service) 222 S East Road New Hartford, CT 06057 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address PHILIPS MEDICAL SYSTEMS NA CO 3000 Minuteman Road Andover, MA 01810 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

| | | | |
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| 3. | Nonpriority creditor's name and mailing address PLATINUM CODE (IPC,INC) | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| | 8095 215th St. W Lakeville, MN 55044 | Basis for the claim: _____ | |
| | Date or dates debt was incurred See attached schedule. | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number _____ | | |
| 3. | Nonpriority creditor's name and mailing address PRAGUE COMMUNITY HOSPITAL | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | 1322 Klabzuba Ave Prague, OK 74864 | Basis for the claim: _____ | |
| | Date or dates debt was incurred See attached schedule. | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number _____ | | |
| 3. | Nonpriority creditor's name and mailing address Presto-X | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | 10421 Portal Rd. Suite 101 La Vista, NE 68128 | Basis for the claim: _____ | |
| | Date or dates debt was incurred See attached schedule. | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number _____ | | |
| 3. | Nonpriority creditor's name and mailing address PUSH PEDAL PULL | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | 5820 N May Ave. Oklahoma City, OK 73112 | Basis for the claim: _____ | |
| | Date or dates debt was incurred See attached schedule. | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number _____ | | |
| 3. | Nonpriority creditor's name and mailing address QHME STROUD | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | _____ | Basis for the claim: _____ | |
| | Date or dates debt was incurred See attached schedule. | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number _____ | | |

Part 2: Additional Page

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Amount of claim

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| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address QWEST COMMUNICATIONS 100 Century Link Drive Monroe, LA 71203 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address RHA STROUD, LLC 2308 Highway 66 West Stroud, OK 74079-6729 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address SECURE VIDEO 209 Limestone Pass Cottage Grove, WI 53527 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address SHARED MEDICAL SERVICES, INC 16334 S Lewis Bixby, OK 74008 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address SHOWCASE AMERICA INC 16334 S Lewis Bixby, OK 74008 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|---|---|------------------------------------|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address SIGN INNOVATIONS 5245 Old Dowd Road, Suite 4 Charlotte, NC 28208 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address SMITH LOCK & KEY 319 E Oak Ave Seminole, OK 74868 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address SMITH MEDICAL 6000 Nathan Lane N Plymouth, MN 55442 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address STANLEY SYSTEMS 26 E. Main Street Oklahoma City, OK 73104 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address STANFORD DOSIMETRY LLC 1204 Raymond Street Bellingham, WA 98229 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|---|--|--|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | |
| Staples 500 Staples Drive Framingham, MA 01702 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | |
| | See attached schedule. \$ _____ | |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | |
| STROUD AMERICAN 315 W. Main Street Stroud, OK 74079 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | See attached schedule. \$ _____ | |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | |
| STROUD HEALTH CENTER 721 W Olive Street Stroud, OK 74079 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | See attached schedule. \$ _____ | |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | |
| STROUD LIONS CLUB First Methodist Church 332 N. 2nd Ave Stroud, OK 74079 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | See attached schedule. \$ _____ | |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | |
| STROUD NATIONAL BANK PO Box 450 Stroud, OK 74079 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | See attached schedule. \$ _____ | |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|-----------------------------|--|---|------------------------------------|
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address STROUD RENT-A-TOOL, INC. 422 W. Main Street Stroud, OK 74079 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address SUPERIOR SPECIALTY COMPANY 9 Council Drive Woodsboro, MD 21798 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address SYSMEX AMERICA 577 Aptakisic Road Lincolnshire, IL 60069 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address TASC 2302 International Lane Madison, WI 53704 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> | Nonpriority creditor's name and mailing address Thara Damodaran, MD, LLC 515 N Mesa Drive Mesa, AZ 85201 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| | Date or dates debt was incurred See attached schedule. | Basis for the claim: _____ | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|---|--|------------------------------------|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address THE LINCOLN COUNTY NEWS 116 Mills Road Newcastle, ME 04553 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address THE PRINTERS OF OKLAHOMA 1601 N. Portland Ave Oklahoma City, OK 73107 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address THE T SYSTEM, INC. 9300 W. 110th Street, Suite 350 Overland Park, KS 66210 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address UNITED LINEN & UNIFORM 400 SW Frank Phillips Blvd. Bartlesville, OK 74005 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address US Foods 7950 Spence Road Fairburn, GA 30213 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred Last 4 digits of account number | Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|--|---|------------------------------------|
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address WARREN COMMUNICATIONS, INC 2115 Ward Court, NW Washington, DC 20037 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address WOLFF FEED STORE 830035 S Highway 99 Stroud, OK 74079 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address YELLOW PAGE DIRECTORY SERVICE PO Box 50038 Jacksonville, FL 32240 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address Internal Revenue Service 55 N. Robinson Ave Oklahoma City, OK 73102 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. <input type="checkbox"/> Nonpriority creditor's name and mailing address State of Oklahoma 2300 North Lincoln Blvd. Oklahoma City, OK 73105 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | See attached schedule. \$ _____ |
| Date or dates debt was incurred | See attached schedule. | |
| Last 4 digits of account number | _____ | |
| Basis for the claim: _____ | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor

Name _____

Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims

- 4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|--------------------------|--|---|
| 4.1. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4.2. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4.3. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4.4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4.5. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4.6. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4.7. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4.8. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4.9. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4.10. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4.11. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |

Debtor

Name _____ Case number (if known) _____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|--------------------------|--|---|
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |
| 4. _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ | _____ |

Debtor

Name _____

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**5a. **Total claims from Part 1**

5a. \$ _____

5b. **Total claims from Part 2**

5b. + \$ 109,563,561

5c. **Total of Parts 1 and 2**

5c. \$ 109,563,561

Lines 5a + 5b = 5c.

11/06/20
10:35

Stroud Regional Medical Center

Page: 1

Balance Due Report

| Application Code: | AP | | | | | | | User Login Name: | jkohout | | |
|-------------------|--------------------------------|----------|---------------|---------------|-----------|------------|-----------------|------------------|-----------------|---------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| 120002 | 24/7 RADIOLOGY, LLP | | | | | | | | | | |
| 4034B | 12/31/09 | 01/14/10 | | 04 | U | | 3,258.00 | 2,258.00 | 0.00 | 2,258.00 | 0.00 |
| 4066 | 01/31/10 | 02/14/10 | | 01 | U | | 8,790.40 | 8,790.40 | 0.00 | 8,790.40 | 0.00 |
| 4132 | 02/28/10 | 03/14/10 | | 01 | U | | 634.00 | 634.00 | 0.00 | 634.00 | 0.00 |
| | | | | Vendor Total: | | | 12,682.40 | 11,682.40 | 0.00 | 11,682.40 | 0.00 |
| 120004 | ABBEY HEALTHCARE STAFFING | | | | | | | | | | |
| 08-4399 | 05/01/09 | 05/31/09 | | 01 | U | | 2,175.14 | 2,175.14 | 0.00 | 2,175.14 | 0.00 |
| 08-4421 | 05/08/09 | 06/07/09 | | 01 | U | | 4,174.10 | 4,174.10 | 0.00 | 4,174.10 | 0.00 |
| 08-4436 | 05/13/09 | 06/12/09 | | 01 | U | | 1,021.38 | 1,021.38 | 0.00 | 1,021.38 | 0.00 |
| 08-4447 | 05/22/09 | 06/21/09 | | 01 | U | | 3,581.72 | 3,581.72 | 0.00 | 3,581.72 | 0.00 |
| 08-4455 | 05/29/09 | 06/28/09 | | 01 | U | | 3,579.66 | 3,579.66 | 0.00 | 3,579.66 | 0.00 |
| | | | | Vendor Total: | | | 14,532.00 | 14,532.00 | 0.00 | 14,532.00 | 0.00 |
| 120022 | ALERE NORTH AMERICA, INC. | | | | | | | | | | |
| 11031676 | 11/15/11 | 12/15/11 | | 01 | U | | -434.74 | -915.34 | 0.00 | -915.34 | 0.00 |
| 11075286 | 02/14/12 | 03/15/12 | | 01 | U | | 2,511.58 | 5.23 | 0.00 | 5.23 | 0.00 |
| 1109899 | 03/02/12 | 04/01/12 | | 01 | U | | 228.92 | 40.58 | 0.00 | 40.58 | 0.00 |
| 11186185 | 07/26/12 | 08/25/12 | | 01 | U | | 468.72 | -37.10 | 0.00 | -37.10 | 0.00 |
| 9000937862 | 12/22/10 | 01/21/11 | | 01 | U | | 1,272.62 | 1,272.62 | 0.00 | 1,272.62 | 0.00 |
| 9001319698 | 06/20/12 | 07/20/12 | | 01 | U | | 227.55 | 227.55 | 0.00 | 227.55 | 0.00 |
| | | | | Vendor Total: | | | 4,274.65 | 593.54 | 0.00 | 593.54 | 0.00 |
| 120024 | ALIMED, INC | | | | | | | | | | |
| PO#13880 | 01/17/12 | 02/01/12 | | 01 | U | | 72.75 | -5.02 | 0.00 | -5.02 | 0.00 |
| | | | | Vendor Total: | | | 72.75 | -5.02 | 0.00 | -5.02 | 0.00 |
| 120027 | ALL POINTS CAPITAL CORPORATION | | | | | | | | | | |
| 030110 | 03/01/10 | 03/01/10 | | 01 | U | | 7,860.83 | 7,860.83 | 0.00 | 7,860.83 | 0.00 |
| 1216109 | 12/16/09 | 01/01/10 | | 01 | U | | 7,860.83 | 7,860.83 | 0.00 | 7,860.83 | 0.00 |
| | | | | Vendor Total: | | | 15,721.66 | 15,721.66 | 0.00 | 15,721.66 | 0.00 |
| 120074 | BOOMER BLINDS AND SHUTTERS | | | | | | | | | | |
| 111611 | 11/15/11 | 11/15/11 | | 01 | U | | 300.00 | 300.00 | 0.00 | 300.00 | 0.00 |
| | | | | Vendor Total: | | | 300.00 | 300.00 | 0.00 | 300.00 | 0.00 |
| 120082 | BROOKS INDUSTRIES | | | | | | | | | | |
| 1001977 | 10/21/10 | 10/31/10 | | 01 | U | | 127.76 | 127.76 | 0.00 | 127.76 | 0.00 |
| 1002217-IN | 11/01/10 | 11/11/10 | | 01 | U | | 111.24 | 111.24 | 0.00 | 111.24 | 0.00 |
| | | | | Vendor Total: | | | 239.00 | 239.00 | 0.00 | 239.00 | 0.00 |
| 120088 | BUD BLAKELY LUMBER INC | | | | | | | | | | |
| 159246 | 02/05/10 | 02/05/10 | | 03 | U | | 364.99 | 3.34 | 0.00 | 3.34 | 0.00 |
| | | | | Vendor Total: | | | 364.99 | 3.34 | 0.00 | 3.34 | 0.00 |
| 120096 | CAPGEMINI BUSINESS SERVICES | | | | | | | | | | |
| 000160APRI | 04/10/12 | 05/10/12 | | 01 | U | | 3,260.08 | 3,260.08 | 0.00 | 3,260.08 | 0.00 |
| | | | | Vendor Total: | | | 3,260.08 | 3,260.08 | 0.00 | 3,260.08 | 0.00 |

The Vendor Balance Due Report was provided to the debtor by First Physician on November 20, 2020. The report was produced on November 6, 2020 based on the date and time stamp. The debtor is not able to determine if this accurately reflects the monies owing to vendors as of the petition date October 25, 2020. Accordingly the debtor will supplement this list should additional information become available.

11/06/20
10:35

Stroud Regional Medical Center

Page: 2

Balance Due Report

| Application Code: | AP | User Login Name: | jkohout | | | | | | | | |
|-------------------|--------------|------------------|---------------|---------------|-----------|---------------|-----------------|-----------------|-----------------|---------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| 120106 | | | | | | | | | | | |
| TPW2201907 | 04/05/10 | 04/05/10 | | 01 | U | | 212.48 | 212.48 | 0.00 | 212.48 | 0.00 |
| | | | | | | Vendor Total: | | 212.48 | 212.48 | 0.00 | 212.48 |
| 120129 | | | | | | | | | | | |
| 9523278 | 06/02/10 | 06/15/10 | | 01 | U | | 21.74 | 21.74 | 0.00 | 21.74 | 0.00 |
| | | | | | | Vendor Total: | | 21.74 | 21.74 | 0.00 | 21.74 |
| 120143 | | | | | | | | | | | |
| 019716 | 02/10/10 | 02/10/10 | | 03 | U | | 50.37 | 25.00 | 0.00 | 25.00 | 0.00 |
| | | | | | | Vendor Total: | | 50.37 | 25.00 | 0.00 | 25.00 |
| 120149 | | | | | | | | | | | |
| 1105901456 | 03/16/09 | 03/16/09 | | 01 | U | | 2,500.00 | 2,500.00 | 0.00 | 2,500.00 | 0.00 |
| | | | | | | Vendor Total: | | 2,500.00 | 2,500.00 | 0.00 | 2,500.00 |
| 120156 | | | | | | | | | | | |
| 103441 | 03/31/11 | 03/31/11 | | 01 | U | | 1,030.25 | 954.25 | 0.00 | 954.25 | 0.00 |
| | | | | | | Vendor Total: | | 1,030.25 | 954.25 | 0.00 | 954.25 |
| 97019 | | | | | | | | | | | |
| 97020 | 03/24/10 | 03/24/10 | | 01 | U | | 15.75 | 15.75 | 0.00 | 15.75 | 0.00 |
| | | | | | | Vendor Total: | | 15.75 | 15.75 | 0.00 | 15.75 |
| 98220 | | | | | | | | | | | |
| | 05/25/10 | 05/25/10 | | 01 | U | | 1,340.50 | 1,340.50 | 0.00 | 1,340.50 | 0.00 |
| | | | | | | Vendor Total: | | 1,340.50 | 1,340.50 | 0.00 | 1,340.50 |
| 120158 | | | | | | | | | | | |
| 85634 - A | 04/29/11 | 05/29/11 | | 01 | U | | 341.05 | 341.05 | 0.00 | 341.05 | 0.00 |
| | | | | | | Vendor Total: | | 341.05 | 341.05 | 0.00 | 341.05 |
| 120171 | | | | | | | | | | | |
| 744 | 05/11/09 | 05/11/09 | | 01 | U | | 350.00 | 350.00 | 0.00 | 350.00 | 0.00 |
| | | | | | | Vendor Total: | | 350.00 | 350.00 | 0.00 | 350.00 |
| 120172 | | | | | | | | | | | |
| 118462 | 12/11/09 | 01/10/10 | | 01 | U | | 79.78 | 79.78 | 0.00 | 79.78 | 0.00 |
| | | | | | | Vendor Total: | | 79.78 | 79.78 | 0.00 | 79.78 |
| 120183 | | | | | | | | | | | |
| 1004010 | 04/01/10 | 05/01/10 | | 01 | U | | 689.66 | 689.66 | 0.00 | 689.66 | 0.00 |
| | | | | | | Vendor Total: | | 689.66 | 689.66 | 0.00 | 689.66 |
| 120186 | | | | | | | | | | | |
| 00077669 | 04/19/10 | 05/19/10 | | 01 | U | | 324.52 | 222.75 | 0.00 | 222.75 | 0.00 |
| | | | | | | Vendor Total: | | 324.52 | 222.75 | 0.00 | 222.75 |
| 00078053 | 04/29/10 | 05/29/10 | | 01 | U | | -222.75 | -222.75 | 0.00 | -222.75 | 0.00 |
| | | | | | | Vendor Total: | | -222.75 | -222.75 | 0.00 | -222.75 |
| | | | | | | | 101.77 | 0.00 | 0.00 | 0.00 | 0.00 |

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Balance Due Report

| Application Code: | AP | User Login Name: | jkohout | | | | | | | | |
|-------------------|-------------------|------------------|---------------|---------------|-----------|------------|-----------------|-----------------|-----------------|---------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| 120200 | FISHER HEALTHCARE | | | | | | | | | | |
| 02743914 | 10/01/10 | 10/01/10 | | 04 | U | | 2,395.28 | 2,395.28 | 0.00 | 2,395.28 | 0.00 |
| 1171477 | 03/15/10 | 03/15/10 | | 01 | U | | 191.08 | 191.08 | 0.00 | 191.08 | 0.00 |
| 122710 | 12/27/10 | 12/27/10 | | 01 | U | | 636.51 | 636.51 | 0.00 | 636.51 | 0.00 |
| 1265143 | 06/04/10 | 06/04/10 | | 01 | U | | 970.49 | 970.49 | 0.00 | 970.49 | 0.00 |
| 1805040 | 06/07/10 | 07/07/10 | | 01 | U | | 1,234.20 | 1,234.20 | 0.00 | 1,234.20 | 0.00 |
| 2007153 | 03/26/10 | 04/25/10 | | 01 | U | | 726.13 | 726.13 | 0.00 | 726.13 | 0.00 |
| 2057229 | 03/29/10 | 04/28/10 | | 01 | U | | 2,825.33 | 2,825.33 | 0.00 | 2,825.33 | 0.00 |
| 2061446 | 06/08/10 | 07/08/10 | | 01 | U | | 887.02 | 887.02 | 0.00 | 887.02 | 0.00 |
| 2061448 | 06/08/10 | 07/08/10 | | 04 | U | | 4,694.74 | 687.74 | 0.00 | 687.74 | 0.00 |
| 2116281 | 03/30/10 | 04/29/10 | | 01 | U | | 369.10 | 369.10 | 0.00 | 369.10 | 0.00 |
| 2275357 | 06/09/10 | 06/09/10 | | 01 | U | | 507.52 | 507.52 | 0.00 | 507.52 | 0.00 |
| 2421265 | 06/10/10 | 07/10/10 | | 01 | U | | 520.17 | 520.17 | 0.00 | 520.17 | 0.00 |
| 2519591 | 04/08/10 | 05/08/10 | | 01 | U | | 277.14 | 277.14 | 0.00 | 277.14 | 0.00 |
| 2593470 | 04/09/10 | 05/09/10 | | 01 | U | | 353.49 | 353.49 | 0.00 | 353.49 | 0.00 |
| 2734886 | 04/13/10 | 05/13/10 | | 01 | U | | 846.25 | 846.25 | 0.00 | 846.25 | 0.00 |
| 3458834 | 05/03/10 | 05/03/10 | | 01 | U | | 1,357.32 | 1,357.32 | 0.00 | 1,357.32 | 0.00 |
| 3497649 | 05/04/10 | 05/04/10 | | 01 | U | | 78.14 | 78.14 | 0.00 | 78.14 | 0.00 |
| 3545032 | 05/05/10 | 05/05/10 | | 01 | U | | 1,127.70 | 1,127.70 | 0.00 | 1,127.70 | 0.00 |
| 3591369 | 05/06/10 | 05/06/10 | | 01 | U | | 557.55 | 557.55 | 0.00 | 557.55 | 0.00 |
| 3636957 | 05/07/10 | 05/07/10 | | 01 | U | | 80.77 | 80.77 | 0.00 | 80.77 | 0.00 |
| 3915398 | 06/28/10 | 07/28/10 | | 01 | U | | 1,459.99 | 1,459.99 | 0.00 | 1,459.99 | 0.00 |
| 4208384 | 07/02/10 | 07/02/10 | | 01 | U | | 557.55 | 557.55 | 0.00 | 557.55 | 0.00 |
| 4777490 | 07/21/10 | 08/20/10 | | 01 | U | | 1,246.20 | 1,246.20 | 0.00 | 1,246.20 | 0.00 |
| 4827960 | 07/22/10 | 08/21/10 | | 01 | U | | 298.64 | 298.64 | 0.00 | 298.64 | 0.00 |
| 5670992 | 09/27/10 | 10/27/10 | | 01 | U | | 270.40 | 270.40 | 0.00 | 270.40 | 0.00 |
| 5729659 | 09/28/10 | 10/28/10 | | 01 | U | | 78.14 | 78.14 | 0.00 | 78.14 | 0.00 |
| CR022210 | 06/30/10 | 06/30/10 | | 01 | U | | -700.00 | -700.00 | 0.00 | -700.00 | 0.00 |
| CR070110 | 07/01/10 | 07/01/10 | | 01 | U | | -1,704.14 | -1,704.14 | 0.00 | -1,704.14 | 0.00 |
| CR102909 | 06/30/10 | 06/30/10 | | 01 | U | | -600.00 | -600.00 | 0.00 | -600.00 | 0.00 |
| CR103009 | 06/30/10 | 06/30/10 | | 01 | U | | -1,500.00 | -1,500.00 | 0.00 | -1,500.00 | 0.00 |
| CR103109 | 06/30/10 | 06/30/10 | | 01 | U | | -2,300.00 | -2,300.00 | 0.00 | -2,300.00 | 0.00 |
| CR112609 | 06/30/10 | 06/30/10 | | 01 | U | | -2,500.00 | -2,500.00 | 0.00 | -2,500.00 | 0.00 |
| CR112709 | 06/30/10 | 06/30/10 | | 01 | U | | -1,500.00 | -1,500.00 | 0.00 | -1,500.00 | 0.00 |
| CR112809 | 06/30/10 | 06/30/10 | | 01 | U | | -1,200.00 | -1,200.00 | 0.00 | -1,200.00 | 0.00 |
| CR112909 | 06/30/10 | 06/30/10 | | 01 | U | | -1,000.00 | -1,000.00 | 0.00 | -1,000.00 | 0.00 |
| CR113009 | 06/30/10 | 06/30/10 | | 01 | U | | -1,000.00 | -1,000.00 | 0.00 | -1,000.00 | 0.00 |
| CR122309 | 06/30/10 | 06/30/10 | | 01 | U | | -1,200.00 | -1,200.00 | 0.00 | -1,200.00 | 0.00 |
| CR122409 | 06/30/10 | 06/30/10 | | 01 | U | | -2,000.00 | -2,000.00 | 0.00 | -2,000.00 | 0.00 |
| CR122509 | 06/30/10 | 06/30/10 | | 01 | U | | -1,800.00 | -1,800.00 | 0.00 | -1,800.00 | 0.00 |
| M12564347 | 09/16/11 | 09/16/11 | | 01 | U | | 11,421.24 | 11,421.24 | 0.00 | 11,421.24 | 0.00 |
| U10140229 | 01/14/11 | 01/14/11 | | 04 | U | | 1,246.20 | 108.70 | 0.00 | 108.70 | 0.00 |
| U10407466 | 02/09/11 | 02/09/11 | | 01 | U | | 4,139.56 | 4,139.56 | 0.00 | 4,139.56 | 0.00 |
| U12781474 | 10/05/11 | 10/05/11 | | 01 | U | | 5,090.88 | 5,090.88 | 0.00 | 5,090.88 | 0.00 |

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Balance Due Report

| Application Code: AP | | | | | | | User Login Name: | jkohout | | | |
|----------------------|-------------------------------|----------|---------------|---------------|-----------|------------|------------------|-----------------|-----------------|---------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| | | | | | | | Vendor Total: | 27,440.59 | 22,296.09 | 0.00 | 22,296.09 |
| 120207 | FIRST PHYSICIANS REALTY GROUP | | | | | | | | | | |
| 072712 | 07/27/12 | 07/27/12 | | 01 | U | | 70,956.32 | 70,956.32 | 0.00 | 70,956.32 | 0.00 |
| | | | | | | | Vendor Total: | 70,956.32 | 70,956.32 | 0.00 | 70,956.32 |
| 120221 | GLO GERM COMPANY | | | | | | | | | | |
| 61040 | 10/15/09 | 11/14/09 | | 01 | U | | 113.40 | 113.40 | 0.00 | 113.40 | 0.00 |
| | | | | | | | Vendor Total: | 113.40 | 113.40 | 0.00 | 113.40 |
| 120258 | JAMES J. HODGENS, P.C. | | | | | | | | | | |
| 6694 | 04/15/10 | 04/15/10 | | 01 | U | | 200.54 | 200.54 | 0.00 | 200.54 | 0.00 |
| | | | | | | | Vendor Total: | 200.54 | 200.54 | 0.00 | 200.54 |
| 120261 | HOSPIRA WORLDWIDE, INC | | | | | | | | | | |
| 801464599 | 01/17/08 | 01/17/08 | | 01 | U | | -91.00 | -91.00 | 0.00 | -91.00 | 0.00 |
| 801557201 | 08/18/08 | 08/18/08 | | 01 | U | | -35.35 | -35.35 | 0.00 | -35.35 | 0.00 |
| | | | | | | | Vendor Total: | -126.35 | -126.35 | 0.00 | -126.35 |
| 120262 | HOUSE OF VACUUM | | | | | | | | | | |
| 011812 | 01/18/12 | 01/18/12 | | 01 | U | | 80.81 | 80.81 | 0.00 | 80.81 | 0.00 |
| | | | | | | | Vendor Total: | 80.81 | 80.81 | 0.00 | 80.81 |
| 120271 | IMPACT INSTRUMENTATIONS, INC | | | | | | | | | | |
| 93396 | 08/07/09 | 09/06/09 | | 01 | U | | 667.79 | 667.79 | 0.00 | 667.79 | 0.00 |
| | | | | | | | Vendor Total: | 667.79 | 667.79 | 0.00 | 667.79 |
| 120274 | INFOLAB, INC. | | | | | | | | | | |
| 2689626. | 06/03/09 | 06/03/09 | | 01 | U | | -57.87 | -57.87 | 0.00 | -57.87 | 0.00 |
| 2782357. | 03/24/10 | 03/24/10 | | 01 | U | | -4,280.27 | -4,280.27 | 0.00 | -4,280.27 | 0.00 |
| 2850850 | 06/11/10 | 06/11/10 | | 01 | U | | 2,891.44 | 2,891.44 | 0.00 | 2,891.44 | 0.00 |
| 2974007 | 04/25/11 | 04/25/11 | | 01 | U | | 589.45 | 589.45 | 0.00 | 589.45 | 0.00 |
| 2976451 | 04/25/11 | 05/02/11 | | 01 | U | | 213.77 | 213.77 | 0.00 | 213.77 | 0.00 |
| 2977864 | 05/04/11 | 05/04/11 | | 01 | U | | 374.79 | 374.79 | 0.00 | 374.79 | 0.00 |
| 2978385 | 05/05/11 | 06/04/11 | | 01 | U | | 141.10 | 141.10 | 0.00 | 141.10 | 0.00 |
| 2995206 | 06/21/11 | 06/21/11 | | 01 | U | | 70.57 | 70.57 | 0.00 | 70.57 | 0.00 |
| 3019603 | 09/01/11 | 09/01/11 | | 01 | U | | -3,425.50 | -3,425.50 | 0.00 | -3,425.50 | 0.00 |
| 3046682 | 11/02/11 | 11/02/11 | | 01 | U | | 124.21 | 124.21 | 0.00 | 124.21 | 0.00 |
| 3067121 | 12/28/11 | 12/28/11 | | 01 | U | | 113.71 | 113.71 | 0.00 | 113.71 | 0.00 |
| 3113302 | 04/30/12 | 05/30/12 | | 01 | U | | 122.17 | 122.17 | 0.00 | 122.17 | 0.00 |
| | | | | | | | Vendor Total: | -3,122.43 | -3,122.43 | 0.00 | -3,122.43 |
| 120279 | INTEGRA LIFESCIENCES CORP. | | | | | | | | | | |
| 1471673 | 04/28/09 | 05/28/09 | | 01 | U | | 167.08 | 167.08 | 0.00 | 167.08 | 0.00 |
| | | | | | | | Vendor Total: | 167.08 | 167.08 | 0.00 | 167.08 |
| 120280 | ALERE NORTH AMERICA, INC | | | | | | | | | | |
| 9000876976 | 10/04/10 | 11/03/10 | | 01 | U | | 3,752.55 | 3,752.55 | 0.00 | 3,752.55 | 0.00 |
| 9000914365 | 11/29/10 | 12/29/10 | | 01 | U | | 2,531.89 | 2,531.89 | 0.00 | 2,531.89 | 0.00 |
| | | | | | | | Vendor Total: | 6,284.44 | 6,284.44 | 0.00 | 6,284.44 |

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Balance Due Report

| Application Code: | AP | | | | | | | | User Login Name: | jkohout | |
|-------------------|---------------------------------|----------|---------------|---------------|-----------|------------|-----------------|-----------------|------------------|---------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| 120289 | JETRAD, LLC | | | | | | | | | | |
| 4066 | 01/31/10 | 02/20/10 | | 01 | U | | 0.40 | 0.40 | 0.00 | 0.40 | 0.00 |
| 851 | 10/31/09 | 11/20/09 | | 01 | U | | 736.23 | 736.23 | 0.00 | 736.23 | 0.00 |
| 867 | 10/31/09 | 11/20/09 | | 01 | U | | 1,395.00 | 1,395.00 | 0.00 | 1,395.00 | 0.00 |
| 889 | 11/30/09 | 12/20/09 | | 01 | U | | 718.29 | 718.29 | 0.00 | 718.29 | 0.00 |
| 903 | 11/30/09 | 12/20/09 | | 01 | U | | 1,485.00 | 1,485.00 | 0.00 | 1,485.00 | 0.00 |
| 927 | 12/31/09 | 01/20/10 | | 01 | U | | 437.95 | 437.95 | 0.00 | 437.95 | 0.00 |
| 939 | 12/01/09 | 12/21/09 | | 01 | U | | 945.00 | 945.00 | 0.00 | 945.00 | 0.00 |
| | | | Vendor Total: | | | | 5,717.87 | 5,717.87 | 0.00 | 5,717.87 | 0.00 |
| 120320 | THE LINCOLN COUNTY NEWS | | | | | | | | | | |
| 013111 | 01/31/11 | 01/31/11 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 013112 | 01/31/12 | 03/01/12 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 022811 | 02/28/11 | 02/28/11 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 022912 | 02/29/12 | 03/30/12 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 033111 | 03/31/11 | 03/31/11 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 033112 | 03/31/12 | 03/31/12 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 043011 | 04/30/11 | 04/30/11 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 053110 | 05/31/10 | 05/31/10 | | 01 | U | | 590.60 | 590.60 | 0.00 | 590.60 | 0.00 |
| 053112 | 05/31/12 | 05/31/12 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 063011 | 06/30/11 | 06/30/11 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 083011 | 08/30/11 | 08/30/11 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 093010 | 09/30/10 | 09/30/10 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 103110 | 10/31/10 | 10/31/10 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 103111 | 10/31/11 | 10/31/11 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| 113010 | 11/30/10 | 11/30/10 | | 01 | U | | 3.00 | 3.00 | 0.00 | 3.00 | 0.00 |
| | | | Vendor Total: | | | | 632.60 | 632.60 | 0.00 | 632.60 | 0.00 |
| 120323 | STROUD LIONS CLUB | | | | | | | | | | |
| 2178 | 03/03/10 | 04/02/10 | | 01 | U | | 70.90 | 70.90 | 0.00 | 70.90 | 0.00 |
| 2241 | 10/13/10 | 11/12/10 | | 01 | U | | 82.50 | 82.50 | 0.00 | 82.50 | 0.00 |
| | | | Vendor Total: | | | | 153.40 | 153.40 | 0.00 | 153.40 | 0.00 |
| 120355 | MED ASSETS | | | | | | | | | | |
| 107250 | 11/02/09 | 11/02/09 | | 01 | U | | 7,500.00 | 7,500.00 | 0.00 | 7,500.00 | 0.00 |
| | | | Vendor Total: | | | | 7,500.00 | 7,500.00 | 0.00 | 7,500.00 | 0.00 |
| 120359 | MEDICAL INSTRUMENT | | | | | | | | | | |
| 2239 | 06/28/11 | 07/28/11 | | 01 | U | | 903.50 | 903.50 | 0.00 | 903.50 | 0.00 |
| | | | Vendor Total: | | | | 903.50 | 903.50 | 0.00 | 903.50 | 0.00 |
| 120362 | MEDIVATORS | | | | | | | | | | |
| 1142674 | 08/20/10 | 09/19/10 | | 04 | U | | 4,038.00 | 2,019.00 | 0.00 | 2,019.00 | 0.00 |
| 1142674-CR | 02/09/11 | 03/11/11 | | 01 | U | | -2,019.00 | -2,019.00 | 0.00 | -2,019.00 | 0.00 |
| | | | Vendor Total: | | | | 2,019.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 120368 | MEDTRONIC NEUROLOGICAL DIVISION | | | | | | | | | | |
| 2504101474 | 02/22/10 | 03/24/10 | | 01 | U | | 15,808.45 | 8,308.45 | 0.00 | 8,308.45 | 0.00 |
| | | | Vendor Total: | | | | 15,808.45 | 8,308.45 | 0.00 | 8,308.45 | 0.00 |

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Balance Due Report

| Application Code: | AP | User Login Name: | jkohout | | | | | | | | |
|-------------------|--------------|--------------------------------|---------------|---------------|-----------|---------------|-----------------|-----------------|-----------------|---------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| 120370 | | MEDICAL INVENTORY CONTROL | | | | | | | | | |
| 082710 | 08/27/10 | 08/27/10 | | 01 | U | | 2,170.00 | 2,170.00 | 0.00 | 2,170.00 | 0.00 |
| SI-2184 | 04/13/10 | 04/13/10 | | 01 | U | | 407.00 | 407.00 | 0.00 | 407.00 | 0.00 |
| SI-22024 | 08/27/10 | 08/27/10 | | 01 | U | | 1,627.50 | 1,627.50 | 0.00 | 1,627.50 | 0.00 |
| SI21632 | 03/12/10 | 03/12/10 | | 01 | U | | 364.17 | 364.17 | 0.00 | 364.17 | 0.00 |
| | | | | | | Vendor Total: | 4,568.67 | 4,568.67 | 0.00 | 4,568.67 | 0.00 |
| 120381 | | M. LEE SMITH PUBLISHERS LLC | | | | | | | | | |
| 13960141B3 | 08/25/09 | 08/25/09 | | 01 | U | | 347.00 | 347.00 | 0.00 | 347.00 | 0.00 |
| | | | | | | Vendor Total: | 347.00 | 347.00 | 0.00 | 347.00 | 0.00 |
| 120399 | | NETWERKES | | | | | | | | | |
| 66733 | 04/30/12 | 05/30/12 | | 01 | U | | 558.87 | 0.06 | 0.00 | 0.06 | 0.00 |
| | | | | | | Vendor Total: | 558.87 | 0.06 | 0.00 | 0.06 | 0.00 |
| 120408 | | N. T. AND H. ENTERPRISES, INC. | | | | | | | | | |
| C-1682 | 12/13/10 | 12/28/10 | | 01 | U | | 36.51 | -1.68 | 0.00 | -1.68 | 0.00 |
| | | | | | | Vendor Total: | 36.51 | -1.68 | 0.00 | -1.68 | 0.00 |
| 120410 | | Oklahoma Blood Institute | | | | | | | | | |
| 5806 | 09/30/11 | 09/30/11 | | 01 | U | | 2,967.00 | 863.90 | 0.00 | 863.90 | 0.00 |
| 6036 | 10/31/11 | 11/15/11 | | 01 | U | | 1,255.50 | 571.50 | 0.00 | 571.50 | 0.00 |
| ACH5162 | 06/30/11 | 06/30/11 | | 01 | U | | 972.00 | 472.00 | 0.00 | 472.00 | 0.00 |
| | | | | | | Vendor Total: | 5,194.50 | 1,907.40 | 0.00 | 1,907.40 | 0.00 |
| 120420 | | OMNICELL inc | | | | | | | | | |
| 90069059 | 12/14/10 | 01/13/11 | | 01 | U | | 2,222.32 | 629.22 | 0.00 | 629.22 | 0.00 |
| | | | | | | Vendor Total: | 2,222.32 | 629.22 | 0.00 | 629.22 | 0.00 |
| 120422 | | ONE CURA WELLNESS (WIRE ONLY) | | | | | | | | | |
| 121611 | 12/16/11 | 12/16/11 | | 01 | U | | 3,288.79 | 3,288.79 | 0.00 | 3,288.79 | 0.00 |
| 042412 | 04/24/12 | 04/24/12 | | 01 | U | | 30,951.36 | 30,951.36 | 0.00 | 30,951.36 | 0.00 |
| 121611 | 12/16/11 | 12/16/11 | | 01 | U | | -3,288.79 | -3,288.79 | 0.00 | -3,288.79 | 0.00 |
| | | | | | | Vendor Total: | 30,951.36 | 30,951.36 | 0.00 | 30,951.36 | 0.00 |
| 120429 | | ORTHO MEDICAL OF OKLAHOMA INC | | | | | | | | | |
| CR070110 | 07/01/10 | 07/31/10 | | 01 | U | | -2,138.06 | -2,138.06 | 0.00 | -2,138.06 | 0.00 |
| | | | | | | Vendor Total: | -2,138.06 | -2,138.06 | 0.00 | -2,138.06 | 0.00 |

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Balance Due Report

| Application Code: | AP | | | | | | | | User Login Name: | jkohout | |
|-------------------|--------------|----------|---------------|---------------|-----------|------------|-----------------|-----------------|------------------|---------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| 120430 | J&J | | | | | | | | | | |
| 013437 | 10/28/10 | 11/27/10 | | 04 | U | | 2,024.78 | 236.50 | 0.00 | 236.50 | 0.00 |
| 103460655 | 10/21/10 | 11/20/10 | | 04 | U | | 2,269.87 | 30.12 | 0.00 | 30.12 | 0.00 |
| 103930206 | 01/10/10 | 02/09/10 | | 04 | U | | 6,003.16 | 571.01 | 0.00 | 571.01 | 0.00 |
| 410126812 | 08/16/10 | 09/15/10 | | 01 | U | | 679.26 | 679.26 | 0.00 | 679.26 | 0.00 |
| 901988169 | 12/21/09 | 01/20/10 | | 01 | U | | -164.45 | -164.45 | 0.00 | -164.45 | 0.00 |
| 901988170 | 12/22/09 | 01/21/10 | | 01 | U | | -1,044.86 | -1,044.86 | 0.00 | -1,044.86 | 0.00 |
| 901988171 | 12/22/09 | 01/21/10 | | 01 | U | | -462.45 | -462.45 | 0.00 | -462.45 | 0.00 |
| 902689971 | 04/08/10 | 05/08/10 | | 04 | U | | 1,787.42 | 1,049.57 | 0.00 | 1,049.57 | 0.00 |
| 902689974 | 04/08/10 | 05/08/10 | | 01 | U | | 108.50 | 108.50 | 0.00 | 108.50 | 0.00 |
| 903103258 | 06/11/10 | 07/11/10 | | 01 | U | | 1,088.99 | 1,088.99 | 0.00 | 1,088.99 | 0.00 |
| 903103262 | 06/11/10 | 07/11/10 | | 01 | U | | 328.80 | 328.80 | 0.00 | 328.80 | 0.00 |
| 903279111 | 07/09/10 | 08/08/10 | | 01 | U | | 2,051.90 | 2,051.90 | 0.00 | 2,051.90 | 0.00 |
| 903333977 | 07/16/10 | 08/15/10 | | 01 | U | | 4,984.77 | 4,984.77 | 0.00 | 4,984.77 | 0.00 |
| 903362325 | 07/20/10 | 08/19/10 | | 01 | U | | 405.60 | 405.60 | 0.00 | 405.60 | 0.00 |
| 903387288 | 07/23/10 | 08/22/10 | | 01 | U | | 217.00 | 217.00 | 0.00 | 217.00 | 0.00 |
| 903398353 | 07/27/10 | 08/26/10 | | 01 | U | | 2,026.41 | 2,026.41 | 0.00 | 2,026.41 | 0.00 |
| 903398354 | 07/27/10 | 08/26/10 | | 01 | U | | 157.13 | 157.13 | 0.00 | 157.13 | 0.00 |
| 903398355 | 07/27/10 | 08/26/10 | | 01 | U | | 368.90 | 368.90 | 0.00 | 368.90 | 0.00 |
| 903398356 | 07/27/10 | 08/26/10 | | 01 | U | | 546.95 | 546.95 | 0.00 | 546.95 | 0.00 |
| 903492846 | 08/10/10 | 09/09/10 | | 04 | U | | 1,219.03 | 194.63 | 0.00 | 194.63 | 0.00 |
| 903607723 | 08/25/10 | 09/24/10 | | 01 | U | | 817.56 | 817.56 | 0.00 | 817.56 | 0.00 |
| 903607724 | 09/20/10 | 10/20/10 | | 01 | U | | 2,414.40 | 2,414.40 | 0.00 | 2,414.40 | 0.00 |
| 903607727 | 08/25/10 | 09/24/10 | | 01 | U | | 108.50 | 108.50 | 0.00 | 108.50 | 0.00 |
| 903607729 | 08/25/10 | 09/24/10 | | 01 | U | | 217.00 | 217.00 | 0.00 | 217.00 | 0.00 |
| 903607731 | 08/25/10 | 09/24/10 | | 01 | U | | 120.15 | 120.15 | 0.00 | 120.15 | 0.00 |
| 903609201 | 08/26/10 | 09/25/10 | | 01 | U | | 260.40 | 260.40 | 0.00 | 260.40 | 0.00 |
| 903740811 | 09/16/10 | 10/16/10 | | 01 | U | | 1,562.68 | 1,562.68 | 0.00 | 1,562.68 | 0.00 |
| 903740812 | 09/16/10 | 10/16/10 | | 01 | U | | 1,944.54 | 1,944.54 | 0.00 | 1,944.54 | 0.00 |
| 903740813 | 09/16/10 | 10/16/10 | | 01 | U | | 217.00 | 217.00 | 0.00 | 217.00 | 0.00 |
| 903740814 | 09/16/10 | 10/16/10 | | 01 | U | | 120.15 | 120.15 | 0.00 | 120.15 | 0.00 |
| 903740815 | 09/16/10 | 10/16/10 | | 01 | U | | 120.96 | 120.96 | 0.00 | 120.96 | 0.00 |
| 903740816 | 09/16/10 | 10/16/10 | | 01 | U | | 135.63 | 135.63 | 0.00 | 135.63 | 0.00 |
| 903746976 | 09/16/10 | 10/16/10 | | 01 | U | | 278.88 | 278.88 | 0.00 | 278.88 | 0.00 |
| 903862118 | 10/05/10 | 11/04/10 | | 01 | U | | 871.04 | 871.04 | 0.00 | 871.04 | 0.00 |
| 903862120 | 10/05/10 | 11/04/10 | | 01 | U | | 1,165.40 | 1,165.40 | 0.00 | 1,165.40 | 0.00 |
| 903862122 | 10/05/10 | 11/04/10 | | 01 | U | | 166.01 | 166.01 | 0.00 | 166.01 | 0.00 |
| 903892445 | 10/07/10 | 11/06/10 | | 01 | U | | 47.42 | 47.42 | 0.00 | 47.42 | 0.00 |
| 903984855 | 10/20/10 | 11/19/10 | | 01 | U | | 754.99 | 754.99 | 0.00 | 754.99 | 0.00 |
| 903984856 | 10/20/10 | 11/19/10 | | 01 | U | | 1,406.38 | 1,406.38 | 0.00 | 1,406.38 | 0.00 |
| 903984857 | 10/20/10 | 11/19/10 | | 01 | U | | 108.50 | 108.50 | 0.00 | 108.50 | 0.00 |
| 904145985 | 11/10/10 | 12/10/10 | | 01 | U | | 217.00 | 217.00 | 0.00 | 217.00 | 0.00 |
| 904260321 | 11/29/10 | 12/29/10 | | 01 | U | | 275.40 | 275.40 | 0.00 | 275.40 | 0.00 |
| 904277611 | 12/01/10 | 12/31/10 | | 01 | U | | 937.94 | 937.94 | 0.00 | 937.94 | 0.00 |
| 904277615 | 12/01/10 | 12/31/10 | | 01 | U | | 3,758.93 | 3,758.93 | 0.00 | 3,758.93 | 0.00 |

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Balance Due Report

Application Code: AP

User Login Name: jkohout

| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
|----------------|-------------------------------|----------|---------------|---------------|-----------|---------------|-----------------|-----------------|-----------------|---------------|-------------------|
| CR070610 | 07/06/10 | 08/05/10 | | 01 | U | -2,956.49 | -2,956.49 | 0.00 | -2,956.49 | 0.00 | |
| CR112809 | 06/30/10 | 07/30/10 | | 01 | U | -1,200.00 | -1,200.00 | 0.00 | -1,200.00 | 0.00 | |
| CR122309 | 06/30/10 | 07/30/10 | | 01 | U | -2,600.00 | -2,600.00 | 0.00 | -2,600.00 | 0.00 | |
| CR122410 | 06/30/10 | 07/30/10 | | 01 | U | -1,500.00 | -1,500.00 | 0.00 | -1,500.00 | 0.00 | |
| CR122509 | 06/30/10 | 07/30/10 | | 01 | U | -2,500.00 | -2,500.00 | 0.00 | -2,500.00 | 0.00 | |
| J34001853 | 06/06/11 | 07/06/11 | | 01 | U | 5,790.81 | 5,790.81 | 0.00 | 5,790.81 | 0.00 | |
| PO#13805 | 09/01/11 | 09/01/11 | | 01 | U | 4,379.51 | 2,166.70 | 0.00 | 2,166.70 | 0.00 | |
| | | | | | | Vendor Total: | 42,037.40 | 28,602.16 | 0.00 | 28,602.16 | 0.00 |
| 120435 | OKLAHOMA TAX COMMISSION | | | | | | | | | | |
| 110510 | 11/05/10 | 11/05/10 | | 01 | U | 45.26 | 3.78 | 0.00 | 3.78 | 0.00 | |
| 123110 | 12/31/10 | 01/20/11 | | 01 | U | 3.03 | 3.03 | 0.00 | 3.03 | 0.00 | |
| 731309773 | 07/23/10 | 07/23/10 | | 01 | U | 59.27 | 59.27 | 0.00 | 59.27 | 0.00 | |
| DEC2011 | 12/01/12 | 12/01/12 | | 01 | U | 42.75 | 25.22 | 0.00 | 25.22 | 0.00 | |
| N8144155 | 01/31/11 | 01/31/11 | | 01 | U | 0.67 | 0.67 | 0.00 | 0.67 | 0.00 | |
| NOV2011 | 11/01/11 | 11/01/11 | | 01 | U | 49.80 | 5.20 | 0.00 | 5.20 | 0.00 | |
| | | | | | | Vendor Total: | 200.78 | 97.17 | 0.00 | 97.17 | 0.00 |
| 120438 | OWENS & MINOR | | | | | | | | | | |
| 1774099 | 08/15/22 | 08/22/22 | | 01 | U | 522.51 | 522.51 | 0.00 | 522.51 | 0.00 | |
| | | | | | | Vendor Total: | 522.51 | 522.51 | 0.00 | 522.51 | 0.00 |
| 120445 | PC CONNECTIONS | | | | | | | | | | |
| 45659524 | 11/05/09 | 11/05/09 | | 01 | U | 835.82 | 835.82 | 0.00 | 835.82 | 0.00 | |
| | | | | | | Vendor Total: | 835.82 | 835.82 | 0.00 | 835.82 | 0.00 |
| 120450 | RHA STROUD, LLC | | | | | | | | | | |
| 031212 | 03/12/12 | 03/12/12 | | 01 | U | 413.75 | 413.75 | 0.00 | 413.75 | 0.00 | |
| 032012 | 03/20/12 | 03/20/12 | | 01 | U | 434.19 | 434.19 | 0.00 | 434.19 | 0.00 | |
| 032612 | 03/26/12 | 03/26/12 | | 01 | U | 331.27 | 331.27 | 0.00 | 331.27 | 0.00 | |
| 053112 | 05/31/12 | 05/31/12 | | 01 | U | 413.89 | 413.89 | 0.00 | 413.89 | 0.00 | |
| REIMB82411 | 08/24/11 | 08/24/11 | | 01 | U | 31.23 | 31.23 | 0.00 | 31.23 | 0.00 | |
| 12312014 | 12/31/14 | 01/30/15 | 09/28/17 | 06 | U | 50,563.36 | 50,563.36 | 0.00 | 50,563.36 | 0.00 | |
| 12312014CR | 12/31/14 | 01/30/15 | | 06 | U | -50,563.36 | -50,563.36 | 0.00 | -50,563.36 | 0.00 | |
| | | | | | | Vendor Total: | 1,624.33 | 1,624.33 | 0.00 | 1,624.33 | 0.00 |
| 120451 | PHILIPS MEDICAL SYSTEMS NA CO | | | | | | | | | | |
| 923323970 | 10/17/11 | 10/17/11 | | 01 | U | 1,350.00 | 550.00 | 0.00 | 550.00 | 0.00 | |
| 94505222 | 07/29/10 | 07/29/10 | | 01 | U | 8,098.25 | 8,098.25 | 0.00 | 8,098.25 | 0.00 | |
| | | | | | | Vendor Total: | 9,448.25 | 8,648.25 | 0.00 | 8,648.25 | 0.00 |
| 120458 | PRAGUE COMMUNITY HOSPITAL | | | | | | | | | | |
| 053111 | 06/07/11 | 06/07/11 | | 01 | U | 315.00 | 315.00 | 0.00 | 315.00 | 0.00 | |
| 060111 | 06/01/11 | 06/01/11 | | 01 | U | 2,293.20 | 2,293.20 | 0.00 | 2,293.20 | 0.00 | |
| | | | | | | Vendor Total: | 2,608.20 | 2,608.20 | 0.00 | 2,608.20 | 0.00 |
| 120465 | THE PRINTERS OF OKLAHOMA | | | | | | | | | | |
| 21853 | 02/09/10 | 03/11/10 | | 01 | U | 100.25 | 100.25 | 0.00 | 100.25 | 0.00 | |
| | | | | | | Vendor Total: | 100.25 | 100.25 | 0.00 | 100.25 | 0.00 |

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Balance Due Report

| Application Code: | AP | | | | | | | | User Login Name: | jkohout | |
|-------------------|-------------------------------|----------|---------------|---------------|-----------|------------|-----------------|-----------------|------------------|---------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| 120477 | QHME STROUD | | | | | | | | | | |
| 053969 | 03/19/10 | 03/19/10 | | 01 | U | | 196.00 | 196.00 | 0.00 | 196.00 | 0.00 |
| | | | Vendor Total: | | | | 196.00 | 196.00 | 0.00 | 196.00 | 0.00 |
| 120480 | QWEST COMMUNICATIONS-60483924 | | | | | | | | | | |
| 1128941953 | 09/15/10 | 09/15/10 | | 01 | U | | 158.35 | 158.35 | 0.00 | 158.35 | 0.00 |
| | | | Vendor Total: | | | | 158.35 | 158.35 | 0.00 | 158.35 | 0.00 |
| 120522 | SHOWCASE AMERICA INC | | | | | | | | | | |
| 9-254 | 10/05/09 | 10/05/09 | | 01 | U | | 1,041.60 | 1,041.60 | 0.00 | 1,041.60 | 0.00 |
| | | | Vendor Total: | | | | 1,041.60 | 1,041.60 | 0.00 | 1,041.60 | 0.00 |
| 120525 | SIGN INNOVATIONS | | | | | | | | | | |
| 99956 | 03/21/11 | 03/21/11 | | 01 | U | | 48.77 | 48.77 | 0.00 | 48.77 | 0.00 |
| | | | Vendor Total: | | | | 48.77 | 48.77 | 0.00 | 48.77 | 0.00 |
| 120532 | SMITH LOCK & KEY | | | | | | | | | | |
| 18482B | 12/18/09 | 01/17/10 | | 01 | U | | 317.67 | 317.67 | 0.00 | 317.67 | 0.00 |
| | | | Vendor Total: | | | | 317.67 | 317.67 | 0.00 | 317.67 | 0.00 |
| 120534 | SMITH MEDICAL | | | | | | | | | | |
| 12865891 | 08/31/12 | 08/31/12 | | 01 | U | | -6.39 | -6.39 | 0.00 | -6.39 | 0.00 |
| | | | Vendor Total: | | | | -6.39 | -6.39 | 0.00 | -6.39 | 0.00 |
| 120535 | STROUD NATIONAL BANK | | | | | | | | | | |
| 010711 | 01/07/11 | 01/07/11 | | 01 | U | | 2,723.02 | 2,723.02 | 0.00 | 2,723.02 | 0.00 |
| 020911 | 02/09/11 | 02/20/11 | | 01 | U | | 2,723.02 | 2,723.02 | 0.00 | 2,723.02 | 0.00 |
| 040811 | 04/20/11 | 04/20/11 | | 01 | U | | 2,723.02 | 2,723.02 | 0.00 | 2,723.02 | 0.00 |
| 100810 | 10/08/10 | 10/20/10 | | 01 | U | | 2,723.02 | 2,723.02 | 0.00 | 2,723.02 | 0.00 |
| 272302 | 11/09/10 | 11/20/10 | | 01 | U | | 2,723.02 | 1,045.21 | 0.00 | 1,045.21 | 0.00 |
| | | | Vendor Total: | | | | 13,615.10 | 11,937.29 | 0.00 | 11,937.29 | 0.00 |
| 120548 | STANLEY SYSTEMS | | | | | | | | | | |
| INV188833 | 12/07/11 | 12/22/11 | | 01 | U | | 868.25 | 868.25 | 0.00 | 868.25 | 0.00 |
| INV192021 | 12/27/11 | 01/11/12 | | 01 | U | | 207.97 | 207.97 | 0.00 | 207.97 | 0.00 |
| INV195208 | 01/06/12 | 01/21/12 | | 01 | U | | 449.69 | 449.69 | 0.00 | 449.69 | 0.00 |
| INV195480 | 01/09/12 | 01/09/12 | | 01 | U | | 244.05 | 244.05 | 0.00 | 244.05 | 0.00 |
| INV196109 | 01/12/12 | 01/27/12 | | 01 | U | | 725.56 | 725.56 | 0.00 | 725.56 | 0.00 |
| INV201316 | 02/03/12 | 02/18/12 | | 01 | U | | 632.06 | 632.06 | 0.00 | 632.06 | 0.00 |
| INV202981 | 02/15/12 | 02/15/12 | | 01 | U | | 379.02 | 379.02 | 0.00 | 379.02 | 0.00 |
| INV202982 | 02/15/12 | 03/01/12 | | 01 | U | | 601.42 | 601.42 | 0.00 | 601.42 | 0.00 |
| INV207188 | 03/02/12 | 03/02/12 | | 01 | U | | 585.24 | 585.24 | 0.00 | 585.24 | 0.00 |
| INV207662 | 03/06/12 | 03/21/12 | | 01 | U | | 266.18 | 266.18 | 0.00 | 266.18 | 0.00 |
| INV208254 | 03/10/12 | 03/25/12 | | 01 | U | | 83.44 | 83.44 | 0.00 | 83.44 | 0.00 |
| INV212967 | 03/30/12 | 03/30/12 | | 01 | U | | 458.85 | 458.85 | 0.00 | 458.85 | 0.00 |
| INV213811 | 04/04/12 | 04/04/12 | | 01 | U | | 548.37 | 548.37 | 0.00 | 548.37 | 0.00 |
| | | | Vendor Total: | | | | 6,050.10 | 6,050.10 | 0.00 | 6,050.10 | 0.00 |

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Balance Due Report

Application Code: AP

User Login Name: jkohout

| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
|----------------|----------------------------|----------|---------------|---------------|-----------|---------------|-----------------|-----------------|-----------------|---------------|-------------------|
| 120550 | | | | | | | | | | | |
| 12420 | 09/27/09 | 09/27/09 | | 01 | U | | 806.00 | 806.00 | 0.00 | 806.00 | 0.00 |
| 12615 | 11/05/09 | 11/05/09 | | 01 | U | | 25.00 | 25.00 | 0.00 | 25.00 | 0.00 |
| 13070 | 02/04/10 | 02/04/10 | | 01 | U | | 250.00 | 250.00 | 0.00 | 250.00 | 0.00 |
| | | | | | | Vendor Total: | 1,081.00 | 1,081.00 | 0.00 | 1,081.00 | 0.00 |
| 120552 | | | | | | | | | | | |
| A90720 | STARKS ELECTRIC COMPANY | 08/24/11 | 08/24/11 | | 03 | U | 0.00 | -2.64 | 0.00 | -2.64 | 0.00 |
| | | | | | | Vendor Total: | 0.00 | -2.64 | 0.00 | -2.64 | 0.00 |
| 120560 | | | | | | | | | | | |
| 15194 | STROUD HEALTH CENTER | 11/09/09 | 11/09/09 | | 01 | U | 111.54 | 111.54 | 0.00 | 111.54 | 0.00 |
| | | | | | | Vendor Total: | 111.54 | 111.54 | 0.00 | 111.54 | 0.00 |
| 120563 | | | | | | | | | | | |
| 122010 | STROUD AMERICAN | 12/10/10 | 12/10/10 | | 01 | U | 31.48 | 31.48 | 0.00 | 31.48 | 0.00 |
| | | | | | | Vendor Total: | 31.48 | 31.48 | 0.00 | 31.48 | 0.00 |
| 120571 | | | | | | | | | | | |
| 611320 | STROUD RENT-A-TOOL, INC. | 12/16/09 | 12/16/09 | | 01 | U | 5.08 | 5.08 | 0.00 | 5.08 | 0.00 |
| 612546 | | 01/05/10 | 01/05/10 | | 01 | U | 25.37 | 25.37 | 0.00 | 25.37 | 0.00 |
| 66899 | | 01/28/10 | 01/28/10 | | 01 | U | 0.42 | 0.42 | 0.00 | 0.42 | 0.00 |
| 756060 | | 07/09/09 | 07/09/09 | | 01 | U | 572.02 | 572.02 | 0.00 | 572.02 | 0.00 |
| | | | | | | Vendor Total: | 602.89 | 602.89 | 0.00 | 602.89 | 0.00 |
| 120575 | | | | | | | | | | | |
| 0189945 | SUPERIOR SPECIALTY COMPANY | 07/07/09 | 08/06/09 | | 01 | U | 105.13 | 105.13 | 0.00 | 105.13 | 0.00 |
| | | | | | | Vendor Total: | 105.13 | 105.13 | 0.00 | 105.13 | 0.00 |
| 120580 | | | | | | | | | | | |
| 3000165625 | TASC | 10/12/10 | 10/12/10 | | 01 | U | 132.00 | 132.00 | 0.00 | 132.00 | 0.00 |
| | | | | | | Vendor Total: | 132.00 | 132.00 | 0.00 | 132.00 | 0.00 |
| 120595 | | | | | | | | | | | |
| 0261747 | THE T SYSTEM, INC. | 05/01/11 | 05/01/11 | | 01 | U | 858.00 | 858.00 | 0.00 | 858.00 | 0.00 |
| 10258029 | | 03/01/11 | 04/01/11 | | 01 | U | 858.00 | 858.00 | 0.00 | 858.00 | 0.00 |
| 10259878 | | 04/01/11 | 04/01/11 | | 01 | U | 858.00 | 858.00 | 0.00 | 858.00 | 0.00 |
| 10263564 | | 06/01/11 | 07/01/11 | | 01 | U | 858.00 | 858.00 | 0.00 | 858.00 | 0.00 |
| 2710246445 | | 10/01/10 | 11/01/10 | | 01 | U | 858.00 | 858.00 | 0.00 | 858.00 | 0.00 |
| 2710248175 | | 11/01/10 | 11/01/10 | | 01 | U | 858.00 | 858.00 | 0.00 | 858.00 | 0.00 |
| 2710250081 | | 12/01/10 | 12/01/10 | | 01 | U | 858.00 | 858.00 | 0.00 | 858.00 | 0.00 |
| 2710253893 | | 01/01/11 | 02/01/11 | | 01 | U | 858.00 | 858.00 | 0.00 | 858.00 | 0.00 |
| 2710255750 | | 02/01/11 | 02/01/11 | | 01 | U | 858.00 | 858.00 | 0.00 | 858.00 | 0.00 |
| | | | | | | Vendor Total: | 7,722.00 | 7,722.00 | 0.00 | 7,722.00 | 0.00 |

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Stroud Regional Medical Center

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Balance Due Report

Application Code: AP

User Login Name: jkohout

| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid | |
|----------------|----------------------------------|----------|---------------|---------------|-----------|------------|-----------------|-----------------|-----------------|---------------|-------------------|------|
| 120612 | | | | | | | | | | | | |
| | SHARED MEDICAL SERVICES, INC | | | | | | | | | | | |
| 013110 | 01/31/10 | 03/02/10 | | 01 | U | | 42.00 | 42.00 | 0.00 | 42.00 | 0.00 | |
| 022810 | 02/28/10 | 03/30/10 | | 01 | U | | 42.00 | 42.00 | 0.00 | 42.00 | 0.00 | |
| 033110 | 03/31/10 | 04/30/10 | | 01 | U | | 94.50 | 94.50 | 0.00 | 94.50 | 0.00 | |
| 043010 | 04/30/10 | 05/30/10 | | 01 | U | | 126.00 | 126.00 | 0.00 | 126.00 | 0.00 | |
| 053110 | 05/31/10 | 06/30/10 | | 01 | U | | 273.00 | 273.00 | 0.00 | 273.00 | 0.00 | |
| 063010 | 06/30/10 | 07/30/10 | | 01 | U | | 241.50 | 241.50 | 0.00 | 241.50 | 0.00 | |
| 073110 | 07/31/10 | 08/30/10 | | 01 | U | | 378.00 | 378.00 | 0.00 | 378.00 | 0.00 | |
| 083110 | 08/31/10 | 09/30/10 | | 01 | U | | 320.25 | 320.25 | 0.00 | 320.25 | 0.00 | |
| 093010 | 09/30/10 | 10/30/10 | | 01 | U | | 393.75 | 393.75 | 0.00 | 393.75 | 0.00 | |
| FCHRG633 | 10/31/10 | 11/30/10 | | 01 | U | | 372.75 | 372.75 | 0.00 | 372.75 | 0.00 | |
| FCHRG709 | 11/30/10 | 12/30/10 | | 01 | U | | 399.00 | 399.00 | 0.00 | 399.00 | 0.00 | |
| FCHRG783 | 12/31/10 | 01/30/11 | | 01 | U | | 456.75 | 456.75 | 0.00 | 456.75 | 0.00 | |
| FCHRG858 | 01/31/11 | 03/02/11 | | 01 | U | | 504.00 | 504.00 | 0.00 | 504.00 | 0.00 | |
| STRAUG10 | 08/31/10 | 09/30/10 | | 01 | U | | 4,900.00 | 4,900.00 | 0.00 | 4,900.00 | 0.00 | |
| STRDEC10 | 12/31/10 | 01/30/11 | | 01 | U | | 700.00 | 700.00 | 0.00 | 700.00 | 0.00 | |
| STRMAY10 | 05/31/10 | 06/30/10 | | 01 | U | | 3,850.00 | 3,850.00 | 0.00 | 3,850.00 | 0.00 | |
| STRNOV10 | 11/30/10 | 12/30/10 | | 01 | U | | 3,150.00 | 3,150.00 | 0.00 | 3,150.00 | 0.00 | |
| STROCT10 | 10/31/10 | 11/30/10 | | 01 | U | | 3,850.00 | 3,850.00 | 0.00 | 3,850.00 | 0.00 | |
| STRSEP10 | 09/30/10 | 10/30/10 | | 01 | U | | 1,750.00 | 1,750.00 | 0.00 | 1,750.00 | 0.00 | |
| VSL2 STRAP | 04/30/10 | 05/30/10 | | 01 | U | | 5,250.00 | 5,250.00 | 0.00 | 5,250.00 | 0.00 | |
| VSL2 STRJU | 06/30/10 | 07/30/10 | | 01 | U | | 5,950.00 | 5,950.00 | 0.00 | 5,950.00 | 0.00 | |
| VSL2STRJUL | 07/31/10 | 08/30/10 | | 01 | U | | 4,900.00 | 4,900.00 | 0.00 | 4,900.00 | 0.00 | |
| | | | | | | | Vendor Total: | 37,943.50 | 37,943.50 | 0.00 | 37,943.50 | 0.00 |
| 120619 | | | | | | | | | | | | |
| | WARREN COMMUNICATIONS, INC | | | | | | | | | | | |
| 081330 | 06/11/09 | 06/11/09 | | 01 | U | | 3,000.00 | 3,000.00 | 0.00 | 3,000.00 | 0.00 | |
| | | | | | | | Vendor Total: | 3,000.00 | 3,000.00 | 0.00 | 3,000.00 | 0.00 |
| 120632 | | | | | | | | | | | | |
| | WOLFF FEED STORE | | | | | | | | | | | |
| 71519 | 06/04/10 | 07/04/10 | | 01 | U | | 68.36 | 68.36 | 0.00 | 68.36 | 0.00 | |
| | | | | | | | Vendor Total: | 68.36 | 68.36 | 0.00 | 68.36 | 0.00 |
| 120638 | | | | | | | | | | | | |
| | YELLOW PAGE DIRECTORY SERVICE | | | | | | | | | | | |
| 1457939 | 09/17/11 | 10/17/11 | | 01 | U | | 317.90 | 317.90 | 0.00 | 317.90 | 0.00 | |
| RN1457939 | 06/01/10 | 07/01/10 | | 01 | U | | 317.90 | 317.90 | 0.00 | 317.90 | 0.00 | |
| | | | | | | | Vendor Total: | 635.80 | 635.80 | 0.00 | 635.80 | 0.00 |
| 920023 | | | | | | | | | | | | |
| | ANESTHESIA SERVICE, INC. | | | | | | | | | | | |
| 71807 | 10/21/20 | 11/20/20 | | 06 | U | | 555.49 | 555.49 | 0.00 | 555.49 | 0.00 | |
| 71110 | 10/09/20 | 11/08/20 | | 06 | U | | 1,295.33 | 1,295.33 | 0.00 | 1,295.33 | 0.00 | |
| 71254 | 10/12/20 | 11/11/20 | | 06 | U | | 812.49 | 812.49 | 0.00 | 812.49 | 0.00 | |
| | | | | | | | Vendor Total: | 2,663.31 | 2,663.31 | 0.00 | 2,663.31 | 0.00 |
| 920024 | | | | | | | | | | | | |
| | ARMSTRONG MEDICAL INDUSTRIES INC | | | | | | | | | | | |
| 1934783 | 10/06/20 | 11/05/20 | | 06 | U | | 293.45 | 293.45 | 0.00 | 293.45 | 0.00 | |
| | | | | | | | Vendor Total: | 293.45 | 293.45 | 0.00 | 293.45 | 0.00 |

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Balance Due Report

Application Code: AP

User Login Name: jkohout

| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
|----------------|--------------|-------------------------------|---------------|---------------|-----------|------------|-----------------|-----------------|-----------------|---------------|-------------------|
| 920099 | | CARDINAL HEALTH INC | | | | | | | | | |
| 587426 | 10/20/20 | 10/20/20 | | 06 | U | | 2,756.99 | 2,756.99 | 0.00 | 2,756.99 | 0.00 |
| 587427 | 10/20/20 | 10/20/20 | | 06 | U | | 436.52 | 436.52 | 0.00 | 436.52 | 0.00 |
| 587428 | 10/20/20 | 10/20/20 | | 06 | U | | 142.61 | 142.61 | 0.00 | 142.61 | 0.00 |
| 598513 | 10/23/20 | 10/23/20 | | 06 | U | | 167.44 | 167.44 | 0.00 | 167.44 | 0.00 |
| 598612 | 10/23/20 | 10/23/20 | | 06 | U | | 1,618.28 | 1,618.28 | 0.00 | 1,618.28 | 0.00 |
| 598666 | 10/23/20 | 10/23/20 | | 06 | U | | 2,295.06 | 2,295.06 | 0.00 | 2,295.06 | 0.00 |
| 598969 | 10/23/20 | 10/23/20 | | 06 | U | | 307.91 | 307.91 | 0.00 | 307.91 | 0.00 |
| 598988 | 10/23/20 | 10/23/20 | | 06 | U | | 126.82 | 126.82 | 0.00 | 126.82 | 0.00 |
| 584268 | 10/19/20 | 10/19/20 | | 06 | U | | 1,170.40 | 1,170.40 | 0.00 | 1,170.40 | 0.00 |
| 591104 | 10/21/20 | 10/21/20 | | 06 | U | | 4,805.14 | 4,805.14 | 0.00 | 4,805.14 | 0.00 |
| 591103 | 10/21/20 | 10/21/20 | | 06 | U | | 37.21 | 37.21 | 0.00 | 37.21 | 0.00 |
| 595318 | 10/22/20 | 10/22/20 | | 06 | U | | 300.94 | 300.94 | 0.00 | 300.94 | 0.00 |
| | | | Vendor Total: | | | | 14,165.32 | 14,165.32 | 0.00 | 14,165.32 | 0.00 |
| 920200 | | FISHER HEALTHCARE | | | | | | | | | |
| 0378890 | 10/06/20 | 11/05/20 | | 06 | U | | 14.24 | 14.24 | 0.00 | 14.24 | 0.00 |
| 8591404 | 09/18/20 | 10/18/20 | | 06 | U | | 60.46 | 60.46 | 0.00 | 60.46 | 0.00 |
| 7653459 | 09/09/20 | 10/09/20 | | 06 | U | | -6,719.80 | -6,719.80 | 0.00 | -6,719.80 | 0.00 |
| | | | Vendor Total: | | | | -6,645.10 | -6,645.10 | 0.00 | -6,645.10 | 0.00 |
| 920207 | | FIRST PHYSICIANS REALTY GROUP | | | | | | | | | |
| TAX2012 | 02/28/13 | 03/30/13 | | 01 | U | | 28,398.12 | 28,398.12 | 0.00 | 28,398.12 | 0.00 |
| 2013TAX | 01/29/14 | 01/29/14 | | 01 | U | | 28,139.00 | 28,139.00 | 0.00 | 28,139.00 | 0.00 |
| 2007TAX | 02/05/14 | 02/05/14 | | 01 | U | | 27.68 | 27.68 | 0.00 | 27.68 | 0.00 |
| 042315-SRMC | 04/23/15 | 04/23/15 | | 01 | U | | 31,763.82 | 31,763.82 | 0.00 | 31,763.82 | 0.00 |
| | | | Vendor Total: | | | | 88,328.62 | 88,328.62 | 0.00 | 88,328.62 | 0.00 |
| 920410 | | Oklahoma Blood Institute | | | | | | | | | |
| 85327 | 10/15/20 | 11/14/20 | | 06 | U | | 5,390.70 | 5,390.70 | 0.00 | 5,390.70 | 0.00 |
| | | | Vendor Total: | | | | 5,390.70 | 5,390.70 | 0.00 | 5,390.70 | 0.00 |
| 920411 | | Office Depot | | | | | | | | | |
| 512729481001 | 06/18/20 | 07/18/20 | | 06 | U | | 203.83 | 203.83 | 0.00 | 203.83 | 0.00 |
| 117505661001 | 09/02/20 | 10/02/20 | | 06 | U | | -203.83 | -203.83 | 0.00 | -203.83 | 0.00 |
| | | | Vendor Total: | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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Balance Due Report

Application Code: AP

User Login Name: jkohout

| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid | |
|----------------|---------------------------|----------|---------------|---------------|-----------|------------|-----------------|-----------------|-----------------|---------------|-------------------|------|
| 920438 | OWENS and MINOR | | | | | | | | | | | |
| 2059288141 | 10/01/20 | 10/16/20 | | 06 | U | | 76.34 | 76.34 | 0.00 | 76.34 | 0.00 | |
| 2059350363 | 10/05/20 | 10/20/20 | | 06 | U | | 315.56 | 315.56 | 0.00 | 315.56 | 0.00 | |
| 2059350254 | 10/05/20 | 10/20/20 | | 06 | U | | 12.21 | 12.21 | 0.00 | 12.21 | 0.00 | |
| 2059288183 | 10/01/20 | 10/16/20 | | 06 | U | | 9.92 | 9.92 | 0.00 | 9.92 | 0.00 | |
| 2059288160 | 10/01/20 | 10/16/20 | | 06 | U | | 208.63 | 208.63 | 0.00 | 208.63 | 0.00 | |
| 8000225759 | 09/30/20 | 10/15/20 | | 06 | U | | 28.75 | 28.75 | 0.00 | 28.75 | 0.00 | |
| 2059455683 | 10/08/20 | 10/23/20 | | 06 | U | | 206.41 | 206.41 | 0.00 | 206.41 | 0.00 | |
| 2059455682 | 10/08/20 | 10/23/20 | | 06 | U | | 3,336.95 | 3,336.95 | 0.00 | 3,336.95 | 0.00 | |
| 2059521465 | 10/12/20 | 10/27/20 | | 06 | U | | 204.89 | 204.89 | 0.00 | 204.89 | 0.00 | |
| 2059521519 | 10/12/20 | 10/27/20 | | 06 | U | | 205.21 | 205.21 | 0.00 | 205.21 | 0.00 | |
| 2059626953 | 10/15/20 | 10/30/20 | | 06 | U | | 842.79 | 842.79 | 0.00 | 842.79 | 0.00 | |
| 2059800614 | 10/22/20 | 11/06/20 | | 06 | U | | 674.04 | 674.04 | 0.00 | 674.04 | 0.00 | |
| | | | | | | | Vendor Total: | 6,121.70 | 6,121.70 | 0.00 | 6,121.70 | 0.00 |
| 920599 | UNITED LINEN & UNIFORM | | | | | | | | | | | |
| 2336873 | 10/22/20 | 11/06/20 | | 06 | U | | 1,666.92 | 1,666.92 | 0.00 | 1,666.92 | 0.00 | |
| 2335479 | 10/15/20 | 10/30/20 | | 06 | U | | 1,573.81 | 1,573.81 | 0.00 | 1,573.81 | 0.00 | |
| | | | | | | | Vendor Total: | 3,240.73 | 3,240.73 | 0.00 | 3,240.73 | 0.00 |
| 920605 | US Foods | | | | | | | | | | | |
| 4351221 | 10/23/20 | 11/03/20 | | 06 | U | | 1,677.37 | 1,677.37 | 0.00 | 1,677.37 | 0.00 | |
| 4114497 | 10/09/20 | 10/20/20 | | 06 | U | | 2,135.15 | 2,135.15 | 0.00 | 2,135.15 | 0.00 | |
| 4123826 | 10/09/20 | 10/20/20 | | 06 | U | | 31.31 | 31.31 | 0.00 | 31.31 | 0.00 | |
| 4242208 | 10/16/20 | 10/27/20 | | 06 | U | | 162.58 | 162.58 | 0.00 | 162.58 | 0.00 | |
| 4235526 | 10/16/20 | 10/27/20 | | 06 | U | | 2,222.86 | 2,222.86 | 0.00 | 2,222.86 | 0.00 | |
| | | | | | | | Vendor Total: | 6,229.27 | 6,229.27 | 0.00 | 6,229.27 | 0.00 |
| 920631 | GRAINGER | | | | | | | | | | | |
| 9683940507 | 10/14/20 | 11/13/20 | | 06 | U | | 707.37 | 707.37 | 0.00 | 707.37 | 0.00 | |
| 9683343124 | 10/13/20 | 11/12/20 | | 06 | U | | 68.99 | 68.99 | 0.00 | 68.99 | 0.00 | |
| 9683597760 | 10/14/20 | 11/13/20 | | 06 | U | | -68.99 | -68.99 | 0.00 | -68.99 | 0.00 | |
| 9683597745 | 10/14/20 | 11/13/20 | | 06 | U | | -293.46 | -293.46 | 0.00 | -293.46 | 0.00 | |
| 9683597778 | 10/14/20 | 11/13/20 | | 06 | U | | -68.99 | -68.99 | 0.00 | -68.99 | 0.00 | |
| 9683343116 | 10/13/20 | 11/12/20 | | 06 | U | | 275.94 | 275.94 | 0.00 | 275.94 | 0.00 | |
| 9683597752 | 10/14/20 | 11/13/20 | | 06 | U | | -275.94 | -275.94 | 0.00 | -275.94 | 0.00 | |
| 9694560724 | 10/23/20 | 11/22/20 | | 06 | U | | -344.93 | -344.93 | 0.00 | -344.93 | 0.00 | |
| 9684358352 | 10/14/20 | 11/13/20 | | 06 | U | | 103.77 | 103.77 | 0.00 | 103.77 | 0.00 | |
| 9684358360 | 10/14/20 | 11/13/20 | | 06 | U | | 58.10 | 58.10 | 0.00 | 58.10 | 0.00 | |
| 9684630818 | 10/14/20 | 11/13/20 | | 06 | U | | 27.94 | 27.94 | 0.00 | 27.94 | 0.00 | |
| 9686558694 | 10/16/20 | 11/15/20 | | 06 | U | | -365.73 | -365.73 | 0.00 | -365.73 | 0.00 | |
| | | | | | | | Vendor Total: | -175.93 | -175.93 | 0.00 | -175.93 | 0.00 |
| 920967 | HEALTHCARE LOGISTICS, INC | | | | | | | | | | | |
| 307752203 | 10/14/20 | 11/13/20 | | 06 | U | | 1,386.89 | 1,386.89 | 0.00 | 1,386.89 | 0.00 | |
| | | | | | | | Vendor Total: | 1,386.89 | 1,386.89 | 0.00 | 1,386.89 | 0.00 |

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Balance Due Report

| Application Code: AP | | | | | | | User Login Name: jkohout | | | | |
|----------------------|-----------------------------------|----------|---------------|---------------|-----------|------------|--------------------------|-----------------|-----------------|---------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| 920968 | HEALTHLAND (CPSI) Evident | | | | | | | | | | |
| L2010157285 | 10/15/20 | 10/15/20 | | 06 | U | | 1,275.00 | 1,275.00 | 0.00 | 1,275.00 | 0.00 |
| L2010087285 | 10/08/20 | 10/08/20 | | 06 | U | | 11,644.64 | 11,644.64 | 0.00 | 11,644.64 | 0.00 |
| | Vendor Total: | | | | | | 12,919.64 | 12,919.64 | 0.00 | 12,919.64 | 0.00 |
| 920980 | ONE CURA WELLNESS (WIRE ONLY) | | | | | | | | | | |
| OCW060120 | 05/26/20 | 05/26/20 | | 06 | U | | 62,500.00 | 62,500.00 | 0.00 | 62,500.00 | 0.00 |
| OCW070120 | 06/30/20 | 06/30/20 | | 06 | U | | 62,500.00 | 62,500.00 | 0.00 | 62,500.00 | 0.00 |
| OCW080120 | 07/30/20 | 07/30/20 | | 06 | U | | 62,500.00 | 62,500.00 | 0.00 | 62,500.00 | 0.00 |
| OCW090120 | 08/31/20 | 08/31/20 | | 06 | U | | 62,500.00 | 62,500.00 | 0.00 | 62,500.00 | 0.00 |
| OWC033120 | 03/31/20 | 03/31/20 | | 06 | U | | 62,500.00 | 62,500.00 | 0.00 | 62,500.00 | 0.00 |
| OCW050120 | 04/30/20 | 04/30/20 | | 06 | U | | 62,500.00 | 62,500.00 | 0.00 | 62,500.00 | 0.00 |
| OCW100120 | 10/01/20 | 10/01/20 | | 06 | U | | 62,500.00 | 62,500.00 | 0.00 | 62,500.00 | 0.00 |
| | Vendor Total: | | | | | | 437,500.00 | 437,500.00 | 0.00 | 437,500.00 | 0.00 |
| 920982 | EXPERIAN HEALTH INC (Passport) | | | | | | | | | | |
| INV833940 | 09/30/20 | 10/30/20 | | 06 | U | | 495.32 | 495.32 | 0.00 | 495.32 | 0.00 |
| | Vendor Total: | | | | | | 495.32 | 495.32 | 0.00 | 495.32 | 0.00 |
| 920992 | NOVARAD | | | | | | | | | | |
| RCR50073146 | 10/01/20 | 10/31/20 | | 06 | U | | 950.47 | 950.47 | 0.00 | 950.47 | 0.00 |
| | Vendor Total: | | | | | | 950.47 | 950.47 | 0.00 | 950.47 | 0.00 |
| 921023 | PHILIPS HEALTHCARE (Service) | | | | | | | | | | |
| 76121719 | 10/02/20 | 11/01/20 | | 06 | U | | 4,659.74 | 4,659.74 | 0.00 | 4,659.74 | 0.00 |
| | Vendor Total: | | | | | | 4,659.74 | 4,659.74 | 0.00 | 4,659.74 | 0.00 |
| 921111 | Accurate Fire Equipment Co., Inc. | | | | | | | | | | |
| 10-101308 | 10/23/20 | 10/23/20 | | 06 | U | | 110.00 | 110.00 | 0.00 | 110.00 | 0.00 |
| | Vendor Total: | | | | | | 110.00 | 110.00 | 0.00 | 110.00 | 0.00 |
| 921153 | SYSMEX AMERICA | | | | | | | | | | |
| 93420873 | 10/05/20 | 11/04/20 | | 06 | U | | 1,335.39 | 1,335.39 | 0.00 | 1,335.39 | 0.00 |
| | Vendor Total: | | | | | | 1,335.39 | 1,335.39 | 0.00 | 1,335.39 | 0.00 |

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Balance Due Report

Application Code: AP

User Login Name: jkohout

| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
|----------------|---------------------------------|----------|---------------|---------------|-----------|------------|-----------------|-----------------|-----------------|---------------|-------------------|
| 921157 | KCI USA | | | | | | | | | | |
| 29824288 | 10/15/20 | 11/14/20 | | 06 | U | | 3,194.57 | 3,194.57 | 0.00 | 3,194.57 | 0.00 |
| 29830012 | 10/19/20 | 11/18/20 | | 06 | U | | 1,127.23 | 1,127.23 | 0.00 | 1,127.23 | 0.00 |
| 29787916 | 10/13/20 | 11/12/20 | | 06 | U | | 630.82 | 630.82 | 0.00 | 630.82 | 0.00 |
| 29800348 | 10/17/20 | 11/16/20 | | 06 | U | | 1,051.36 | 1,051.36 | 0.00 | 1,051.36 | 0.00 |
| 29788919 | 10/15/20 | 11/14/20 | | 06 | U | | 771.00 | 771.00 | 0.00 | 771.00 | 0.00 |
| 29787921 | 10/13/20 | 11/12/20 | | 06 | U | | 1,051.36 | 1,051.36 | 0.00 | 1,051.36 | 0.00 |
| 29801063 | 10/18/20 | 11/17/20 | | 06 | U | | 1,051.36 | 1,051.36 | 0.00 | 1,051.36 | 0.00 |
| 29806592 | 10/21/20 | 11/20/20 | | 06 | U | | 1,051.36 | 1,051.36 | 0.00 | 1,051.36 | 0.00 |
| 29807828 | 10/20/20 | 11/19/20 | | 06 | U | | 420.55 | 420.55 | 0.00 | 420.55 | 0.00 |
| 29808708 | 10/21/20 | 11/20/20 | | 06 | U | | 1,051.36 | 1,051.36 | 0.00 | 1,051.36 | 0.00 |
| 29773541 | 10/06/20 | 11/05/20 | | 06 | U | | 560.73 | 560.73 | 0.00 | 560.73 | 0.00 |
| 29809112 | 10/21/20 | 11/20/20 | | 06 | U | | 1,051.36 | 1,051.36 | 0.00 | 1,051.36 | 0.00 |
| 29809133 | 10/21/20 | 11/20/20 | | 06 | U | | 1,051.36 | 1,051.36 | 0.00 | 1,051.36 | 0.00 |
| 29809368 | 10/22/20 | 11/21/20 | | 06 | U | | 350.45 | 350.45 | 0.00 | 350.45 | 0.00 |
| 29779052 | 10/10/20 | 11/09/20 | | 06 | U | | 1,051.36 | 1,051.36 | 0.00 | 1,051.36 | 0.00 |
| Vendor Total: | | | | | | | 15,466.23 | 15,466.23 | 0.00 | 15,466.23 | 0.00 |
| 921245 | MEDLINE INDUSTRIES ,INC | | | | | | | | | | |
| 1928212859 | 10/21/20 | 11/20/20 | | 06 | U | | 11.43 | 11.43 | 0.00 | 11.43 | 0.00 |
| 1928212858 | 10/21/20 | 11/20/20 | | 06 | U | | 44.05 | 44.05 | 0.00 | 44.05 | 0.00 |
| 1928212855 | 10/21/20 | 11/20/20 | | 06 | U | | 1,921.77 | 1,921.77 | 0.00 | 1,921.77 | 0.00 |
| 1928064801 | 10/20/20 | 11/19/20 | | 06 | U | | 18.00 | 18.00 | 0.00 | 18.00 | 0.00 |
| 1927893587 | 10/17/20 | 11/16/20 | | 06 | U | | 14.19 | 14.19 | 0.00 | 14.19 | 0.00 |
| 1927893586 | 10/17/20 | 11/16/20 | | 06 | U | | 187.90 | 187.90 | 0.00 | 187.90 | 0.00 |
| 1927800401 | 10/16/20 | 10/23/20 | | 06 | U | | 253.43 | 253.43 | 0.00 | 253.43 | 0.00 |
| 1927716378 | 10/16/20 | 11/15/20 | | 06 | U | | 2,974.46 | 2,974.46 | 0.00 | 2,974.46 | 0.00 |
| 1927716376 | 10/16/20 | 11/15/20 | | 06 | U | | 55.71 | 55.71 | 0.00 | 55.71 | 0.00 |
| 1927716374 | 10/16/20 | 11/15/20 | | 06 | U | | 142.16 | 142.16 | 0.00 | 142.16 | 0.00 |
| Vendor Total: | | | | | | | 5,623.10 | 5,623.10 | 0.00 | 5,623.10 | 0.00 |
| 921248 | HILLROM INC | | | | | | | | | | |
| 2319202 | 09/30/20 | 10/30/20 | | 06 | U | | 1,502.34 | 1,502.34 | 0.00 | 1,502.34 | 0.00 |
| 2312886 | 09/30/20 | 10/30/20 | | 06 | U | | 1,231.88 | 1,231.88 | 0.00 | 1,231.88 | 0.00 |
| 2318262 | 09/30/20 | 10/30/20 | | 06 | U | | 1,502.34 | 1,502.34 | 0.00 | 1,502.34 | 0.00 |
| Vendor Total: | | | | | | | 4,236.56 | 4,236.56 | 0.00 | 4,236.56 | 0.00 |
| 921307 | ABBOTT DIABETES CARE SALES CORP | | | | | | | | | | |
| 612795756 | 10/08/20 | 11/07/20 | | 06 | U | | 1,816.73 | 1,816.73 | 0.00 | 1,816.73 | 0.00 |
| Vendor Total: | | | | | | | 1,816.73 | 1,816.73 | 0.00 | 1,816.73 | 0.00 |
| 921363 | MATHESON TRI GAS, INC | | | | | | | | | | |
| 22471051 | 10/19/20 | 11/18/20 | | 06 | U | | 3,912.07 | 3,912.07 | 0.00 | 3,912.07 | 0.00 |
| Vendor Total: | | | | | | | 3,912.07 | 3,912.07 | 0.00 | 3,912.07 | 0.00 |

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Balance Due Report

| Application Code: | AP | User Login Name: | jkohout | | | | | | | | | |
|-------------------|---------------------------------------|------------------|---------------|---------------|-----------|------------|-----------------|-----------------|-----------------|---------------|-------------------|------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid | |
| 921366 | E.T.C. (Elaine's Transport Company) | | | | | | | | | | | |
| 99724 | 10/19/20 | 10/19/20 | | 06 | U | | 675.00 | 675.00 | 0.00 | 675.00 | 0.00 | |
| 99704 | 10/09/20 | 10/09/20 | | 06 | U | | 390.00 | 390.00 | 0.00 | 390.00 | 0.00 | |
| 99706 | 10/12/20 | 10/12/20 | | 06 | U | | 811.00 | 811.00 | 0.00 | 811.00 | 0.00 | |
| 99710 | 10/13/20 | 10/13/20 | | 06 | U | | 645.00 | 645.00 | 0.00 | 645.00 | 0.00 | |
| 99711 | 10/13/20 | 10/13/20 | | 06 | U | | 800.00 | 800.00 | 0.00 | 800.00 | 0.00 | |
| 99720 | 10/19/20 | 10/19/20 | | 06 | U | | 975.00 | 975.00 | 0.00 | 975.00 | 0.00 | |
| 99723 | 10/19/20 | 10/19/20 | | 06 | U | | 1,888.00 | 1,888.00 | 0.00 | 1,888.00 | 0.00 | |
| 99716 | 10/15/20 | 10/15/20 | | 06 | U | | 255.00 | 255.00 | 0.00 | 255.00 | 0.00 | |
| 99713 | 10/14/20 | 10/14/20 | | 06 | U | | 1,814.00 | 1,814.00 | 0.00 | 1,814.00 | 0.00 | |
| 99712 | 10/13/20 | 10/13/20 | | 06 | U | | 390.00 | 390.00 | 0.00 | 390.00 | 0.00 | |
| 99728 | 10/22/20 | 10/22/20 | | 06 | U | | 831.00 | 831.00 | 0.00 | 831.00 | 0.00 | |
| | | | | | | | Vendor Total: | 9,474.00 | 9,474.00 | 0.00 | 9,474.00 | 0.00 |
| 921372 | Agiliti Health, Inc. (UHS) | | | | | | | | | | | |
| 386062 | 10/13/20 | 11/12/20 | | 06 | U | | 21.90 | 21.90 | 0.00 | 21.90 | 0.00 | |
| 4138351 | 10/06/20 | 11/05/20 | | 06 | U | | 34,100.61 | 34,100.61 | 0.00 | 34,100.61 | 0.00 | |
| | | | | | | | Vendor Total: | 34,122.51 | 34,122.51 | 0.00 | 34,122.51 | 0.00 |
| 921379 | Akerman LLP | | | | | | | | | | | |
| 9591852 | 08/11/20 | 08/11/20 | | 06 | U | | 11,324.50 | 11,324.50 | 0.00 | 11,324.50 | 0.00 | |
| 9591848 | 08/11/20 | 08/11/20 | | 06 | U | | 37,713.57 | 37,713.57 | 0.00 | 37,713.57 | 0.00 | |
| 9577200 | 06/15/20 | 06/15/20 | | 06 | U | | 12,613.75 | 12,613.75 | 0.00 | 12,613.75 | 0.00 | |
| 9584741 | 07/14/20 | 07/14/20 | | 06 | U | | 16,672.90 | 16,672.90 | 0.00 | 16,672.90 | 0.00 | |
| 9584744 | 07/14/20 | 07/14/20 | | 06 | U | | 15,691.00 | 15,691.00 | 0.00 | 15,691.00 | 0.00 | |
| 9568453 | 05/18/20 | 05/18/20 | | 06 | U | | 58,650.00 | 58,650.00 | 0.00 | 58,650.00 | 0.00 | |
| 9553569 | 04/07/20 | 04/07/20 | | 06 | U | | 104,075.07 | 104,075.07 | 0.00 | 104,075.07 | 0.00 | |
| 9530966 | 01/24/20 | 01/24/20 | | 06 | U | | 114,804.91 | 114,804.91 | 0.00 | 114,804.91 | 0.00 | |
| 9538839 | 02/18/20 | 02/18/20 | | 06 | U | | 121,849.46 | 121,849.46 | 0.00 | 121,849.46 | 0.00 | |
| 9544610 | 03/10/20 | 03/10/20 | | 06 | U | | 88,216.22 | 88,216.22 | 0.00 | 88,216.22 | 0.00 | |
| 9602680 | 09/10/20 | 09/10/20 | | 06 | U | | 15,523.28 | 15,523.28 | 0.00 | 15,523.28 | 0.00 | |
| | | | | | | | Vendor Total: | 597,134.66 | 597,134.66 | 0.00 | 597,134.66 | 0.00 |
| 921382 | PLATINUM CODE (IPC,INC) | | | | | | | | | | | |
| 262836 | 10/19/20 | 11/18/20 | | 06 | U | | 241.89 | 241.89 | 0.00 | 241.89 | 0.00 | |
| | | | | | | | Vendor Total: | 241.89 | 241.89 | 0.00 | 241.89 | 0.00 |
| 921394 | DYSPHAGIA SPECIALISTS, PLLC | | | | | | | | | | | |
| INV102320 | 10/23/20 | 10/23/20 | | 06 | U | | 3,250.00 | 3,250.00 | 0.00 | 3,250.00 | 0.00 | |
| | | | | | | | Vendor Total: | 3,250.00 | 3,250.00 | 0.00 | 3,250.00 | 0.00 |
| 921402 | US Med-Equip, Inc. | | | | | | | | | | | |
| R262169 | 09/30/20 | 10/30/20 | | 06 | U | | 12,435.81 | 12,435.81 | 0.00 | 12,435.81 | 0.00 | |
| | | | | | | | Vendor Total: | 12,435.81 | 12,435.81 | 0.00 | 12,435.81 | 0.00 |
| 921410 | INSIGHT | | | | | | | | | | | |
| 917778224 | 10/12/20 | 11/11/20 | | 06 | U | | 1,350.23 | 1,350.23 | 0.00 | 1,350.23 | 0.00 | |
| 917814002 | 10/16/20 | 11/15/20 | | 06 | U | | 321.17 | 321.17 | 0.00 | 321.17 | 0.00 | |
| | | | | | | | Vendor Total: | 1,671.40 | 1,671.40 | 0.00 | 1,671.40 | 0.00 |

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Balance Due Report

| Application Code: | AP | User Login Name: | jkohout | | | | | | | | |
|-------------------|--------------|------------------------------|---------------|---------------|-----------|------------|-----------------|-----------------|-----------------|---------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| 921422 | | DYNAMIC INFUSION THERAPY | | | | | | | | | |
| 89336 | 10/15/20 | 11/29/20 | | 06 | U | | 1,670.00 | 1,670.00 | 0.00 | 1,670.00 | 0.00 |
| 87336 | 09/30/20 | 11/14/20 | | 06 | U | | 1,505.00 | 1,505.00 | 0.00 | 1,505.00 | 0.00 |
| | | | Vendor Total: | | | | 3,175.00 | 3,175.00 | 0.00 | 3,175.00 | 0.00 |
| 921423 | | HENRY SCHEIN | | | | | | | | | |
| 84722287 | 10/19/20 | 11/18/20 | | 06 | U | | 4,017.68 | 4,017.68 | 0.00 | 4,017.68 | 0.00 |
| 84279258 | 10/12/20 | 11/11/20 | | 06 | U | | 2,128.65 | 2,128.65 | 0.00 | 2,128.65 | 0.00 |
| 84378336 | 10/12/20 | 11/11/20 | | 06 | U | | 112.74 | 112.74 | 0.00 | 112.74 | 0.00 |
| | | | Vendor Total: | | | | 6,259.07 | 6,259.07 | 0.00 | 6,259.07 | 0.00 |
| 921453 | | NEW DIRECTION ACUTE DIALYSIS | | | | | | | | | |
| 100615 | 09/30/20 | 10/30/20 | | 06 | U | | 46,974.00 | 46,974.00 | 0.00 | 46,974.00 | 0.00 |
| | | | Vendor Total: | | | | 46,974.00 | 46,974.00 | 0.00 | 46,974.00 | 0.00 |
| 921466 | | ORGANOGENESIS INC | | | | | | | | | |
| SI00961874 | 10/07/20 | 11/06/20 | | 06 | U | | 3,750.00 | 3,750.00 | 0.00 | 3,750.00 | 0.00 |
| SI00961869 | 10/07/20 | 11/06/20 | | 06 | U | | 5,130.00 | 5,130.00 | 0.00 | 5,130.00 | 0.00 |
| SI00961866 | 10/07/20 | 11/06/20 | | 06 | U | | 8,100.00 | 8,100.00 | 0.00 | 8,100.00 | 0.00 |
| SI00961833 | 10/07/20 | 11/06/20 | | 06 | U | | 2,600.00 | 2,600.00 | 0.00 | 2,600.00 | 0.00 |
| | | | Vendor Total: | | | | 19,580.00 | 19,580.00 | 0.00 | 19,580.00 | 0.00 |

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Balance Due Report

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Application Code: AP

User Login Name: jkohout

| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
|----------------|-----------------------------------|----------|---------------|---------------|-----------|--------------|-----------------|-----------------|-----------------|---------------|-------------------|
| 921467 | First Physicians Resources-Stroud | | | | | | | | | | |
| 0000156-IN | 07/31/20 | 08/30/20 | | 06 | U | 1,309,295.53 | 1,309,295.53 | 0.00 | 1,309,295.53 | | 0.00 |
| 0000159-IN | 08/31/20 | 09/30/20 | | 06 | U | 1,296,112.52 | 1,296,112.52 | 0.00 | 1,296,112.52 | | 0.00 |
| 0000162-IN | 09/30/20 | 10/30/20 | | 06 | U | 1,298,822.42 | 1,298,822.42 | 0.00 | 1,298,822.42 | | 0.00 |
| 0000147-IN | 04/30/20 | 05/30/20 | | 06 | U | 1,249,144.67 | 1,249,144.67 | 0.00 | 1,249,144.67 | | 0.00 |
| 0000150-IN | 05/31/20 | 06/30/20 | | 06 | U | 1,315,071.73 | 1,315,071.73 | 0.00 | 1,315,071.73 | | 0.00 |
| 0000153-IN | 06/30/20 | 07/30/20 | | 06 | U | 1,269,354.33 | 1,269,354.33 | 0.00 | 1,269,354.33 | | 0.00 |
| 0000136-IN | 12/31/19 | 01/30/20 | | 06 | U | 1,298,198.76 | 1,298,198.76 | 0.00 | 1,298,198.76 | | 0.00 |
| 0000138-IN | 01/31/20 | 03/01/20 | | 06 | U | 1,373,364.30 | 1,373,364.30 | 0.00 | 1,373,364.30 | | 0.00 |
| 0000142-IN | 02/29/20 | 03/30/20 | | 06 | U | 1,237,240.96 | 1,237,240.96 | 0.00 | 1,237,240.96 | | 0.00 |
| 0000145-IN | 03/31/20 | 04/30/20 | | 06 | U | 1,314,509.02 | 1,314,509.02 | 0.00 | 1,314,509.02 | | 0.00 |
| 0000125-IN | 08/31/19 | 09/30/19 | | 06 | U | 1,449,560.45 | 1,449,560.45 | 0.00 | 1,449,560.45 | | 0.00 |
| 0000122-IN | 07/31/19 | 08/30/19 | | 06 | U | 1,426,413.53 | 1,426,413.53 | 0.00 | 1,426,413.53 | | 0.00 |
| 0000128-IN | 09/30/19 | 10/30/19 | | 06 | U | 1,297,009.17 | 1,297,009.17 | 0.00 | 1,297,009.17 | | 0.00 |
| 0000130-IN | 10/31/19 | 11/30/19 | | 06 | U | 1,123,558.59 | 1,123,558.59 | 0.00 | 1,123,558.59 | | 0.00 |
| 0000132-IN | 11/30/19 | 12/30/19 | | 06 | U | 1,285,594.65 | 1,285,594.65 | 0.00 | 1,285,594.65 | | 0.00 |
| 0000165-IN | 10/25/20 | 11/24/20 | | 06 | U | 960,737.31 | 960,737.31 | 0.00 | 960,737.31 | | 0.00 |
| 0000119-IN | 06/30/19 | 07/30/19 | | 06 | U | 1,250,746.27 | 1,250,746.27 | 0.00 | 1,250,746.27 | | 0.00 |
| 0000092-IN | 01/31/19 | 03/02/19 | | 06 | U | 195,389.00 | 195,389.00 | 0.00 | 195,389.00 | | 0.00 |
| 0000084-INV | 10/31/18 | 11/30/18 | | 06 | U | 141,825.22 | 141,825.22 | 0.00 | 141,825.22 | | 0.00 |
| 0000087-INV | 11/30/18 | 12/30/18 | | 06 | U | 84,654.83 | 84,654.83 | 0.00 | 84,654.83 | | 0.00 |
| 0000081-INV | 12/31/18 | 01/30/19 | | 06 | U | 1,205,735.82 | 1,205,735.82 | 0.00 | 1,205,735.82 | | 0.00 |
| 0000089-INV | 12/31/18 | 01/30/19 | | 06 | U | 141,986.10 | 141,986.10 | 0.00 | 141,986.10 | | 0.00 |
| 0000091-INV | 01/31/19 | 03/02/19 | | 06 | U | 1,190,476.89 | 1,190,476.89 | 0.00 | 1,190,476.89 | | 0.00 |
| 0000099-IN | 02/28/19 | 03/30/19 | | 06 | U | 1,303,061.40 | 1,303,061.40 | 0.00 | 1,303,061.40 | | 0.00 |
| 0000103-IN | 03/31/19 | 04/30/19 | | 06 | U | 1,313,986.61 | 1,313,986.61 | 0.00 | 1,313,986.61 | | 0.00 |
| 0000109-IN | 04/30/19 | 05/30/19 | | 06 | U | 1,325,010.82 | 1,325,010.82 | 0.00 | 1,325,010.82 | | 0.00 |
| 0000114-IN | 05/31/19 | 06/30/19 | | 06 | U | 1,166,701.17 | 1,166,701.17 | 0.00 | 1,166,701.17 | | 0.00 |
| 0000066-IN | 09/08/18 | 10/08/18 | | 06 | U | 487,214.41 | 487,214.41 | 0.00 | 487,214.41 | | 0.00 |
| 0000061-IN | 08/11/18 | 09/10/18 | | 06 | U | 462,595.67 | 462,595.67 | 0.00 | 462,595.67 | | 0.00 |
| 0000063-IN | 08/25/18 | 09/24/18 | | 06 | U | 485,776.44 | 485,776.44 | 0.00 | 485,776.44 | | 0.00 |
| 0000065-IN | 08/31/18 | 09/30/18 | | 06 | U | 253,759.80 | 253,759.80 | 0.00 | 253,759.80 | | 0.00 |
| 0000075-IN | 10/31/18 | 11/30/18 | | 06 | U | 193,325.70 | 193,325.70 | 0.00 | 193,325.70 | | 0.00 |
| 0000073-IN | 10/20/18 | 11/19/18 | | 06 | U | 494,195.00 | 494,195.00 | 0.00 | 494,195.00 | | 0.00 |
| 00000-IN | 10/06/18 | 11/05/18 | | 06 | U | 446,946.83 | 446,946.83 | 0.00 | 446,946.83 | | 0.00 |
| 0000076-IN | 11/03/18 | 12/03/18 | | 06 | U | 464,994.90 | 464,994.90 | 0.00 | 464,994.90 | | 0.00 |
| 0000078-IN | 11/17/18 | 12/17/18 | | 06 | U | 450,587.39 | 450,587.39 | 0.00 | 450,587.39 | | 0.00 |
| 00000080-IN | 11/30/18 | 12/30/18 | | 06 | U | 134,159.72 | 134,159.72 | 0.00 | 134,159.72 | | 0.00 |
| 0000068-IN | 09/30/18 | 10/30/18 | | 06 | U | 446,888.60 | 446,888.60 | 0.00 | 446,888.60 | | 0.00 |
| 0000070-IN | 09/30/18 | 10/30/18 | | 06 | U | 302,375.00 | 302,375.00 | 0.00 | 302,375.00 | | 0.00 |

Vendor Total: 34,446,381.53 34,446,381.53 0.00 34,446,381.53 0.00

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Stroud Regional Medical Center

Balance Due Report

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Application Code: AP

User Login Name: jkohout

| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
|----------------|----------------------------------|----------|---------------|---------------|-----------|------------|-----------------|-----------------|-----------------|---------------|-------------------|
| 921469 | First Physicians Services-Stroud | | | | | | | | | | |
| 0000025-IN | 10/31/18 | 11/30/18 | | 06 | U | | 395,000.00 | 395,000.00 | 0.00 | 395,000.00 | 0.00 |
| 0000026-IN | 10/31/18 | 11/30/18 | | 06 | U | | 930,000.79 | 930,000.79 | 0.00 | 930,000.79 | 0.00 |
| 0000028-IN | 12/31/18 | 01/30/19 | | 06 | U | | 811,214.17 | 811,214.17 | 0.00 | 811,214.17 | 0.00 |
| 00000027-IN | 11/30/18 | 12/30/18 | | 06 | U | | 869,977.31 | 869,977.31 | 0.00 | 869,977.31 | 0.00 |
| 0000023-IN | 09/30/18 | 10/30/18 | | 06 | U | | 395,000.00 | 395,000.00 | 0.00 | 395,000.00 | 0.00 |
| 0000034-IN | 06/30/19 | 07/30/19 | | 06 | U | | 930,177.96 | 930,177.96 | 0.00 | 930,177.96 | 0.00 |
| 0000030-IN | 02/28/19 | 03/30/19 | | 06 | U | | 972,983.42 | 972,983.42 | 0.00 | 972,983.42 | 0.00 |
| 0000033-IN | 05/31/19 | 06/30/19 | | 06 | U | | 1,270,131.62 | 1,270,131.62 | 0.00 | 1,270,131.62 | 0.00 |
| 0000032-IN | 04/30/19 | 05/30/19 | | 06 | U | | 3,671,159.66 | 3,671,159.66 | 0.00 | 3,671,159.66 | 0.00 |
| 0000024-IN | 09/30/18 | 10/30/18 | | 06 | U | | 706,127.24 | 706,127.24 | 0.00 | 706,127.24 | 0.00 |
| 0000029-IN | 01/31/19 | 03/02/19 | | 06 | U | | 1,160,999.90 | 1,160,999.90 | 0.00 | 1,160,999.90 | 0.00 |
| 0000031-IN. | 03/31/19 | 04/30/19 | | 06 | U | | 1,166,987.84 | 1,166,987.84 | 0.00 | 1,166,987.84 | 0.00 |
| 0000050-IN | 10/25/20 | 11/24/20 | | 06 | U | | 1,262,901.79 | 1,262,901.79 | 0.00 | 1,262,901.79 | 0.00 |
| 0000035-IN | 07/31/19 | 08/30/19 | | 06 | U | | 1,940,986.00 | 1,940,986.00 | 0.00 | 1,940,986.00 | 0.00 |
| 0000040-IN | 12/31/19 | 01/30/20 | | 06 | U | | 1,445,088.93 | 1,445,088.93 | 0.00 | 1,445,088.93 | 0.00 |
| 0000038-INV | 10/31/19 | 11/30/19 | | 06 | U | | 1,375,476.25 | 1,375,476.25 | 0.00 | 1,375,476.25 | 0.00 |
| 0000036-IN | 08/31/19 | 09/30/19 | | 06 | U | | 1,379,926.62 | 1,379,926.62 | 0.00 | 1,379,926.62 | 0.00 |
| 0000037-IN | 09/30/19 | 10/30/19 | | 06 | U | | 1,027,376.19 | 1,027,376.19 | 0.00 | 1,027,376.19 | 0.00 |
| 0000043-IN | 03/31/20 | 04/30/20 | | 06 | U | | 1,271,694.51 | 1,271,694.51 | 0.00 | 1,271,694.51 | 0.00 |
| 0000044-IN | 04/30/20 | 05/30/20 | | 06 | U | | 3,280,688.93 | 3,280,688.93 | 0.00 | 3,280,688.93 | 0.00 |
| 0000039-IN | 11/30/19 | 12/30/19 | | 06 | U | | 983,232.24 | 983,232.24 | 0.00 | 983,232.24 | 0.00 |
| 0000041-IN | 01/31/20 | 03/01/20 | | 06 | U | | 1,207,824.89 | 1,207,824.89 | 0.00 | 1,207,824.89 | 0.00 |
| 0000042-IN | 02/29/20 | 03/30/20 | | 06 | U | | 1,275,041.44 | 1,275,041.44 | 0.00 | 1,275,041.44 | 0.00 |
| 0000046-IN | 06/30/20 | 07/30/20 | | 06 | U | | 1,221,839.93 | 1,221,839.93 | 0.00 | 1,221,839.93 | 0.00 |
| 0000045-IN | 05/31/20 | 06/30/20 | | 06 | U | | 1,284,653.64 | 1,284,653.64 | 0.00 | 1,284,653.64 | 0.00 |
| 0000047-IN | 07/31/20 | 08/30/20 | | 06 | U | | 1,316,734.89 | 1,316,734.89 | 0.00 | 1,316,734.89 | 0.00 |
| 0000052-IN | 10/25/20 | 11/24/20 | | 06 | U | | 1,153,741.09 | 1,153,741.09 | 0.00 | 1,153,741.09 | 0.00 |
| 0000049-IN | 09/30/20 | 10/30/20 | | 06 | U | | 1,283,287.96 | 1,283,287.96 | 0.00 | 1,283,287.96 | 0.00 |
| 0000048-IN | 08/31/20 | 09/30/20 | | 06 | U | | 1,562,882.69 | 1,562,882.69 | 0.00 | 1,562,882.69 | 0.00 |
| Vendor Total: | | | | | | | 37,553,137.90 | 37,553,137.90 | 0.00 | 37,553,137.90 | 0.00 |

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Stroud Regional Medical Center

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Balance Due Report

Application Code: AP

User Login Name: jkohout

| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
|----------------|--------------------------------------|----------|---------------|---------------|-----------|---------------|-----------------|-----------------|-----------------|---------------|-------------------|
| 921470 | First Physician Bus Solutions-Stroud | | | | | | | | | | |
| 0000072-IN | 08/31/20 | 09/30/20 | | 06 | U | 1,283,234.46 | 1,283,234.46 | 0.00 | 1,283,234.46 | | 0.00 |
| 0000074-IN | 09/30/20 | 10/30/20 | | 06 | U | 1,057,537.51 | 1,057,537.51 | 0.00 | 1,057,537.51 | | 0.00 |
| 0000078-IN | 10/25/20 | 11/24/20 | | 06 | U | 947,948.03 | 947,948.03 | 0.00 | 947,948.03 | | 0.00 |
| 0000070-IN | 07/31/20 | 08/30/20 | | 06 | U | 1,084,536.85 | 1,084,536.85 | 0.00 | 1,084,536.85 | | 0.00 |
| 0000066-IN | 05/31/20 | 06/30/20 | | 06 | U | 1,058,639.92 | 1,058,639.92 | 0.00 | 1,058,639.92 | | 0.00 |
| 0000068-IN | 06/30/20 | 07/30/20 | | 06 | U | 1,007,934.87 | 1,007,934.87 | 0.00 | 1,007,934.87 | | 0.00 |
| 0000060-IN | 02/29/20 | 03/30/20 | | 06 | U | 1,050,880.69 | 1,050,880.69 | 0.00 | 1,050,880.69 | | 0.00 |
| 0000058-IN | 01/31/20 | 03/01/20 | | 06 | U | 1,021,621.54 | 1,021,621.54 | 0.00 | 1,021,621.54 | | 0.00 |
| 0000064-IN | 04/30/20 | 05/30/20 | | 06 | U | 2,744,897.33 | 2,744,897.33 | 0.00 | 2,744,897.33 | | 0.00 |
| 0000062-IN | 03/31/20 | 04/30/20 | | 06 | U | 1,048,178.94 | 1,048,178.94 | 0.00 | 1,048,178.94 | | 0.00 |
| 0000047-IN | 08/31/19 | 09/30/19 | | 06 | U | 1,171,508.82 | 1,171,508.82 | 0.00 | 1,171,508.82 | | 0.00 |
| 0000049-IN | 09/30/19 | 10/30/19 | | 06 | U | 886,919.94 | 886,919.94 | 0.00 | 886,919.94 | | 0.00 |
| 0000052-IN | 10/31/19 | 11/30/19 | | 06 | U | 1,131,954.56 | 1,131,954.56 | 0.00 | 1,131,954.56 | | 0.00 |
| 0000051-IN | 09/30/19 | 09/30/19 | | 06 | U | -100,000.00 | -100,000.00 | 0.00 | -100,000.00 | | 0.00 |
| 0000056-IN | 12/31/19 | 01/30/20 | | 06 | U | 1,188,147.95 | 1,188,147.95 | 0.00 | 1,188,147.95 | | 0.00 |
| 0000054-IN | 11/30/19 | 11/30/19 | | 06 | U | 815,323.87 | 815,323.87 | 0.00 | 815,323.87 | | 0.00 |
| 0000045-IN | 07/31/19 | 08/30/19 | | 06 | U | 1,624,412.18 | 1,624,412.18 | 0.00 | 1,624,412.18 | | 0.00 |
| 0000076-IN | 10/25/20 | 11/24/20 | | 06 | U | 1,036,065.68 | 1,036,065.68 | 0.00 | 1,036,065.68 | | 0.00 |
| 0000038-IN. | 03/31/19 | 04/30/19 | | 06 | U | 999,618.49 | 999,618.49 | 0.00 | 999,618.49 | | 0.00 |
| 0000039-IN | 04/30/19 | 05/30/19 | | 06 | U | 3,096,058.40 | 3,096,058.40 | 0.00 | 3,096,058.40 | | 0.00 |
| 0000036-IN | 02/28/19 | 03/30/19 | | 06 | U | 843,012.51 | 843,012.51 | 0.00 | 843,012.51 | | 0.00 |
| 0000041-IN | 05/31/19 | 06/30/19 | | 06 | U | 1,082,879.13 | 1,082,879.13 | 0.00 | 1,082,879.13 | | 0.00 |
| 0000043-IN | 06/30/19 | 07/30/19 | | 06 | U | 808,458.71 | 808,458.71 | 0.00 | 808,458.71 | | 0.00 |
| 0000025-IN | 09/30/18 | 10/30/18 | | 06 | U | 624,464.16 | 624,464.16 | 0.00 | 624,464.16 | | 0.00 |
| 0000024-IN | 09/30/18 | 10/30/18 | | 06 | U | 321,989.75 | 321,989.75 | 0.00 | 321,989.75 | | 0.00 |
| 0000023-IN | 08/31/18 | 08/31/18 | | 06 | U | 420,074.17 | 420,074.17 | 0.00 | 420,074.17 | | 0.00 |
| 0000016-IN | 05/31/18 | 06/30/18 | | 06 | U | 1,429,608.87 | 263,377.17 | 0.00 | 263,377.17 | | 0.00 |
| 0000018-IN | 06/30/18 | 07/30/18 | | 06 | U | 321,989.75 | 321,989.75 | 0.00 | 321,989.75 | | 0.00 |
| 0000019-IN | 06/30/18 | 07/30/18 | | 06 | U | 541,435.13 | 541,435.13 | 0.00 | 541,435.13 | | 0.00 |
| 0000020-IN | 07/31/18 | 08/30/18 | | 06 | U | 321,989.75 | 321,989.75 | 0.00 | 321,989.75 | | 0.00 |
| 00000021-IN | 07/31/18 | 08/30/18 | | 06 | U | 870,067.99 | 870,067.99 | 0.00 | 870,067.99 | | 0.00 |
| 00000022-IN | 08/23/18 | 09/22/18 | | 06 | U | 321,989.75 | 321,989.75 | 0.00 | 321,989.75 | | 0.00 |
| 00000028-IN | 11/30/18 | 12/30/18 | | 06 | U | 759,863.00 | 759,863.00 | 0.00 | 759,863.00 | | 0.00 |
| 00000029-IN | 12/31/18 | 01/30/19 | | 06 | U | 712,427.70 | 712,427.70 | 0.00 | 712,427.70 | | 0.00 |
| 00000030-IN | 01/31/19 | 03/02/19 | | 06 | U | 1,019,784.85 | 1,019,784.85 | 0.00 | 1,019,784.85 | | 0.00 |
| 00000027-IN | 10/31/18 | 11/30/18 | | 06 | U | 805,181.36 | 805,181.36 | 0.00 | 805,181.36 | | 0.00 |
| 00000026-IN | 10/31/18 | 11/30/18 | | 06 | U | 321,989.75 | 321,989.75 | 0.00 | 321,989.75 | | 0.00 |
| Vendor Total: | | | | | | 35,682,626.36 | 34,516,394.66 | 0.00 | 34,516,394.66 | | 0.00 |
| 921484 | SECURE VIDEO | | | | 06 | U | 100.00 | 100.00 | 0.00 | 100.00 | 0.00 |
| 6068 | 10/13/20 | 10/13/20 | | | | | Vendor Total: | 100.00 | 100.00 | 0.00 | 100.00 |

11/06/20
10:35

Stroud Regional Medical Center

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Balance Due Report

| Application Code: AP | | | | | | | User Login Name: | | jkohout | | |
|----------------------|-----------------------------|----------|---------------|---------------|-----------|------------|------------------|-----------------|-----------------|---------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| 921488 | Thara Damodaran, MD, LLC | | | | | | | | | | |
| SEPT2020 | 10/26/20 | 10/26/20 | | 06 | U | | 1,837.50 | 1,837.50 | 0.00 | 1,837.50 | 0.00 |
| | Vendor Total: | | | | | | 1,837.50 | 1,837.50 | 0.00 | 1,837.50 | 0.00 |
| 921496 | Conner & Winters, LLP | | | | | | | | | | |
| 2256113 JWF | 04/13/20 | 04/13/20 | | 06 | U | | 25,760.27 | 25,760.27 | 0.00 | 25,760.27 | 0.00 |
| | Vendor Total: | | | | | | 25,760.27 | 25,760.27 | 0.00 | 25,760.27 | 0.00 |
| 921515 | CLIFFORD POWER | | | | | | | | | | |
| SVC-0105989 | 09/15/20 | 09/15/20 | | 06 | U | | 623.71 | 623.71 | 0.00 | 623.71 | 0.00 |
| CRDT-012184 | 09/28/20 | 09/28/20 | | 06 | U | | -623.71 | -623.71 | 0.00 | -623.71 | 0.00 |
| | Vendor Total: | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 921518 | MEDRIDE CORPORATION | | | | | | | | | | |
| 16138 | 09/30/20 | 09/30/20 | | 06 | U | | 856.43 | 856.43 | 0.00 | 856.43 | 0.00 |
| | Vendor Total: | | | | | | 856.43 | 856.43 | 0.00 | 856.43 | 0.00 |
| 921529 | Barnes, Antoinette | | | | | | | | | | |
| 100320ExpRpt | 10/03/20 | 11/02/20 | 11/04/20 | 06 | M | | 219.66 | 219.66 | 0.00 | 219.66 | 219.66 |
| | Vendor Total: | | | | | | 219.66 | 219.66 | 0.00 | 219.66 | 219.66 |
| 921533 | DLO COURIER | | | | | | | | | | |
| SRMC202009 | 10/06/20 | 11/05/20 | | 06 | U | | 6,125.00 | 6,125.00 | 0.00 | 6,125.00 | 0.00 |
| | Vendor Total: | | | | | | 6,125.00 | 6,125.00 | 0.00 | 6,125.00 | 0.00 |
| 921534 | GE PRECISION HEALTHCARE LLC | | | | | | | | | | |
| 6001683057 | 10/01/20 | 10/31/20 | | 06 | U | | 315.57 | 315.57 | 0.00 | 315.57 | 0.00 |
| | Vendor Total: | | | | | | 315.57 | 315.57 | 0.00 | 315.57 | 0.00 |
| 921573 | PUSH PEDAL PULL | | | | | | | | | | |
| 288846 | 10/13/20 | 10/13/20 | | 06 | U | | 164.25 | 164.25 | 0.00 | 164.25 | 0.00 |
| | Vendor Total: | | | | | | 164.25 | 164.25 | 0.00 | 164.25 | 0.00 |
| 921588 | Presto-X | | | | | | | | | | |
| 8251570 | 09/26/20 | 10/16/20 | | 06 | U | | 850.00 | 850.00 | 0.00 | 850.00 | 0.00 |
| | Vendor Total: | | | | | | 850.00 | 850.00 | 0.00 | 850.00 | 0.00 |
| 921619 | Staples | | | | | | | | | | |
| 3459072622 | 10/12/20 | 11/11/20 | | 06 | U | | 616.71 | 616.71 | 0.00 | 616.71 | 0.00 |
| 3459572298 | 10/19/20 | 11/18/20 | | 06 | U | | 9.94 | 9.94 | 0.00 | 9.94 | 0.00 |
| 3459572299 | 10/19/20 | 11/18/20 | | 06 | U | | 73.57 | 73.57 | 0.00 | 73.57 | 0.00 |
| 3458606778 | 10/05/20 | 11/04/20 | | 06 | U | | 167.49 | 167.49 | 0.00 | 167.49 | 0.00 |
| | Vendor Total: | | | | | | 867.71 | 867.71 | 0.00 | 867.71 | 0.00 |
| 921631 | Oklahoma's Choice Weekly | | | | | | | | | | |
| 307 | 07/07/20 | 07/07/20 | | 06 | U | | 200.00 | 200.00 | 0.00 | 200.00 | 0.00 |
| 740 | 09/30/20 | 09/30/20 | | 06 | U | | 70.00 | 70.00 | 0.00 | 70.00 | 0.00 |
| 76 | 05/31/20 | 05/31/20 | | 06 | U | | 350.00 | 350.00 | 0.00 | 350.00 | 0.00 |
| | Vendor Total: | | | | | | 620.00 | 620.00 | 0.00 | 620.00 | 0.00 |

11/06/20
10:35

Stroud Regional Medical Center

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Balance Due Report

| Application Code: AP | | | | | | | User Login Name: jkohout | | | | |
|----------------------|--------------|-------------------------------|---------------|---------------|-----------|------------|--------------------------|-----------------|-----------------|----------------|-------------------|
| Invoice Number | Invoice Date | Due Date | Discount Date | Location Code | Bank Code | Check Type | Original Amount | Current Balance | Discount Amount | Cash Required | Amount to be Paid |
| 921632 | | Nabholz Construction Services | | | | | | | | | |
| 25-20-5975 | 10/13/20 | 10/13/20 | | 06 | U | | 133,200.75 | 133,200.75 | 0.00 | 133,200.75 | 0.00 |
| | | | Vendor Total: | | | | 133,200.75 | 133,200.75 | 0.00 | 133,200.75 | 0.00 |
| | | | Grand Totals: | | | | 109,563,560.98 | 108,355,845.61 | 0.00 | 108,355,845.61 | 219.66 |

Total Number of Invoices Printed: 552

Vendor: From 120002 to 921632

Location: From to

Due Date: From 01/17/08 to 08/22/22

Central Billing: No Central Billing Vendors

Include Invoice Description: No

Report Order: Vendor Number Order

Fill in this information to identify the case:

| | | | |
|---|------------------|-------------|---------------|
| Debtor name | RHA Stroud, Inc. | | |
| United States Bankruptcy Court for the: | Western | District of | Oklahoma |
| Case number (If known): | 20-13482-SH | (State) | Chapter _____ |

Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

| | | | |
|-----|--|-------------------------------|---|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest | Property Lease for hospital | First Physicians Realty Group, LLC |
| | State the term remaining | 9 years, 6 months | CHRISTENSEN LAW GROUP PLLC |
| | List the contract number of any government contract | | 3401 NW 63RD STREET SUITE 600 OKLAHOMA CITY OK 73116 |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest | Management Services Agreement | First Physicians Business Solutions, LLC |
| | State the term remaining | 2 years | CHRISTENSEN LAW GROUP PLLC |
| | List the contract number of any government contract | | 3401 NW 63RD STREET SUITE 600 OKLAHOMA CITY OK 73116 |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest | Staff Leasing Agreement | First Physicians Resources, LLC |
| | State the term remaining | 4 months | CHRISTENSEN LAW GROUP PLLC |
| | List the contract number of any government contract | | 3401 NW 63RD STREET SUITE 600 OKLAHOMA CITY OK 73116 |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest | Ancillary Services Agreement | First Physician Services, LLC |
| | State the term remaining | 2 years | CHRISTENSEN LAW GROUP PLLC |
| | List the contract number of any government contract | | 3401 NW 63RD STREET SUITE 600 OKLAHOMA CITY OK 73116 |
| 2.5 | State what the contract or lease is for and the nature of the debtor's interest | Purchase Agreement | Rural Hospital Acquisition, LLC |
| | State the term remaining | 4 months | CHRISTENSEN LAW GROUP PLLC |
| | List the contract number of any government contract | | 3401 NW 63RD STREET SUITE 600 OKLAHOMA CITY OK 73116 |

All of the Schedules and SOFA are subject to and qualified by the Global Notes. In the event that the Schedules and SOFA differ from the Global Notes, ***the Global Notes shall control.***

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE
WESTERN DISTRICT OF OKLAHOMA**

| | |
|--------------------------------|--------------------------|
| In re: |) Case No.: 20-13482-SAH |
| |) Chapter 11 |
| RHA Stroud, Inc., ¹ |) |
| Debtor. |) [Jointly Administered] |
| |) |

**GLOBAL NOTES, RESERVATION OF RIGHTS, AND
STATEMENT OF LIMITATIONS, METHODOLOGY, AND
DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND SOFA**

RHA Stroud, Inc., d/b/a Stroud Regional Medical Center (“Stroud Hospital”) and RHA Anadarko, Inc. d/b/a The Physicians’ Hospital in Anadarko (“Anadarko Hospital”) (each a “Debtor,” and collectively, the “Debtors” or “Hospitals”) are contemporaneously filing these Global Notes (as defined below) as an integral part of the Debtors’ Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “SOFA”) filed in the Bankruptcy Court for the Western District of Oklahoma (the “Bankruptcy Court”).

The Debtors, with the assistance of their professionals, prepared the Schedules and SOFA pursuant to Section 521 of Title 11 of the United States Code, as amended (Title 11 to be referenced as the “Bankruptcy Code”), and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the rules in their entirety to be referred to as “Bankruptcy Rules”). These *Global Notes, Reservation of Rights, and Statement of Limitations, Methodology, and Disclaimer Regarding Debtors’ Schedules and SOFA* (these “Global Notes”) pertain to, are incorporated by reference into, and comprise an integral part of, each of the Schedules and SOFA, and should be reviewed in connection with any review of the Schedules and SOFA, including any amendments to the Schedules and SOFA.

The Debtors and their professionals relied on financial data derived from books and records that were available at the time of preparation of the Schedules and SOFA. The Hospitals are parties to contracts with a staffing company (First Physician Resources, LLC), a management company (First Physicians Business Solutions LLC), and an ancillary services provider (First Physician Services, LLC) (collectively “First Physicians”). First Physicians, by virtue of their interrelated and expansive agreements described herein, control a vast majority of the information pertaining to the Debtors’ assets, liabilities, and financial condition of the Hospitals, as well as a world of information pertaining to the Hospitals’ day to day operations. Indeed, First Physicians is

¹ The Debtors in these cases, along with the last four digits of their federal tax identification number is: RHA Stroud, Inc. (2635) and RHA Anadarko, Inc. (2528). The principal place of business for the Debtors is 2308 Highway 66 West, Stroud, OK 74079 and 1002 East Central Blvd. Anadarko, OK 73005.

All of the Schedules and SOFA are subject to and qualified by the Global Notes. In the event that the Schedules and SOFA differ from the Global Notes, ***the Global Notes shall control.***

contractually obligated to maintain such books and records. The Debtors have on multiple occasions requested documents *inter alia* documents to compile the Schedules and Statement of Financial Affairs. On Friday, November 20, 2020 at 5:16PM (CT) First Physicians made a production of some of the documents the Debtors have been requesting of First Physicians. Based on receipt of the documents with no business days prior to the deadline to file Schedules and Statement of financial Affairs, the Debtors and their professionals have done their best to complete the Schedules and Statement of Financial Affairs with the records they have been supplied to date.

Due to the timing of First Physicians' production of some of the documents requested by the Debtors and their professionals, the Debtors and their professionals do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and SOFA and shall not be liable for any loss or injury arising out of or caused in whole or in part by any acts or omissions in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein or in the Schedules and SOFA. Except as expressly required by the Bankruptcy Code, the Debtors and their professionals do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein or in the Schedules and SOFA or to notify any third party should the information be updated, modified, revised, or re-categorized. The Debtors and their professionals disclaim any liability to any third party arising out of or related to the information contained in the Schedules and SOFA and reserve all rights with respect thereto.

The Schedules and SOFA have been signed by the President and Chief Executive Officer of the Debtors. In reviewing and signing the Schedules and SOFA, the Debtors relied upon the efforts, statements, and representations contained in the books and records, investigation of which is incomplete and in progress. The Debtors have not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

Global Notes and Overview of Methodology

1. **Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and SOFA. Nevertheless, inadvertent errors or omissions may exist and conflicting, revised, or subsequent information may be discovered. The Debtors reserve all rights to (i) amend or supplement the Schedules and SOFA from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and SOFA with respect to claim ("Claim") description, designation, or the entity against which the Claim is asserted; (ii) dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and SOFA as to amount, liability, priority, status, or classification; (iii) subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or (iv) object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed. Furthermore, nothing contained in the Schedules and SOFA shall constitute a waiver of rights with respect to the bankruptcy case of RHA Stroud, Inc. or RHA Anadarko, Inc. (the "Bankruptcy Case"), including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or Causes of Action

All of the Schedules and SOFA are subject to and qualified by the Global Notes. In the event that the Schedules and SOFA differ from the Global Notes, ***the Global Notes shall control.***

(defined below) arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers.

The listing in the Schedules or SOFA (including, without limitation, Schedule A/B and Schedule E/F) by the Debtors of any obligation between the Debtors and a third party is a statement of what appears in the books and records and may not accurately reflect whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court. The Debtors reserve all rights with respect to such obligations. For example, listing a Claim (i) in Schedule D as “secured,” (ii) in Schedule E as “priority” or (iii) in Schedule F as “unsecured nonpriority,” or listing a contract in Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtors of the legal rights of the claimant or a waiver of the Debtors’ right to recharacterize or reclassify such Claim or contract.

Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the foregoing general reservation of rights.

2. Description of the Cases and “as of” Information Date. Except as otherwise noted in these Global Notes or the Schedules and SOFA, all asset and liability information is valued as of October 25, 2020, the applicable Petition Date. In some instances, the Debtors may have used estimates or pro-rated amounts where actual data as of the aforementioned dates was unavailable. The Debtors and their professionals have made a reasonable effort to allocate liabilities between the pre-and post-petition periods based on the information and research that was conducted in connection with the preparation of the Schedules and SOFA. As additional information becomes available and further research is conducted, the Debtors may modify the allocation of liabilities between the pre- and post-petition periods and amend the Schedules and SOFA accordingly. No independent valuation has been obtained and the Debtors are seeking various valuations of certain items from auctioneers.

3. Basis of Presentation. The Schedules and SOFA reflect financial information for the Debtors only and do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”), nor are they intended to be fully reconciled with any financial statements otherwise prepared and/or distributed by the Debtors. Additionally, the Schedules and SOFA contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors’ reasonable efforts to report the assets and liabilities of the Debtors. Moreover, given, among other things, the valuation and nature of certain liabilities, to the extent that the Debtors show more assets than liabilities, this is not a conclusion that the Debtor(s) was solvent at the Petition Date. Likewise, to the extent that the Debtors shows more liabilities than assets, this is not a conclusion that such Debtor(s) was insolvent at the Petition Date or any time prior to the Petition Date.

4. Currency. Unless otherwise indicated, all amounts are reflected in U.S. dollars.

5. Fiscal Year. The Debtor’s operates on a fiscal year commencing October 1 and ending on September 30.

All of the Schedules and SOFA are subject to and qualified by the Global Notes. In the event that the Schedules and SOFA differ from the Global Notes, ***the Global Notes shall control.***

6. **Recharacterization.** Notwithstanding the Debtors' reasonable best efforts to properly characterize, classify, categorize or designate certain Claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and SOFA, the Debtors and their professionals may, nevertheless, have inaccurately characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtors' business. Accordingly, the Debtors reserves all of their rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and SOFA at a later time as is necessary or appropriate as additional information becomes available.

7. **Fair Market Value; Book Value.** It would be prohibitively expensive and unduly burdensome for the Debtors to obtain current market valuations of all of the Debtors' assets. Accordingly, unless otherwise indicated, the Schedules and SOFA reflect net book values for assets as of the date stated in the Global Notes as reflected in the books and records. Amounts ultimately realized may vary from net book value, and such variance may be material. The asset amounts listed do not include material write-downs that may be necessary. Operating cash is presented as book balances as of the Petition Date. Certain other assets, such as intangible assets, are listed as undetermined amounts as of the Petition Date because the book values may materially differ from fair market values. Liabilities pursuant to "Notes" may be presented exclusive of any asserted accrued interest.

8. **Estimates.** To prepare and file the Schedules in accordance with the deadline established in this Bankruptcy Case, the Debtors were required to make certain estimates and assumptions that affected the reported amounts of assets and liabilities as of the applicable Petition Date. The Debtors reserve the right to amend the reported amounts of assets, liabilities, and expenses to reflect changes in those estimates or assumptions.

9. **Totals and Undetermined Amounts.** All totals that are included in the Schedules and SOFA represent totals of known amounts only and do not include any contingent, unliquidated, disputed, or otherwise undetermined amounts. To the extent there are unknown, disputed, contingent, unliquidated, or otherwise undetermined amounts, the actual total may be materially different than the listed total. The description of an amount as "unknown," "disputed," "contingent," "unliquidated," or "undetermined" is not intended to reflect upon the materiality of such amount. Due to unliquidated, contingent and/or disputed Claims, summary statistics in the Schedules, SOFA and Global Notes may significantly understate the Debtors' liabilities.

10. **Excluded Assets and Liabilities.** The Debtors and their professionals have sought to allocate liabilities between the pre – and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and SOFA. As additional information becomes available and further research is conducted, the allocation of liabilities between the pre-and postpetition periods may change.

Certain liabilities (including but not limited to certain reserves, deferred charges, and future contractual obligations) have not been included in the Debtors' Schedules. Other immaterial assets and liabilities may also have been excluded.

All of the Schedules and SOFA are subject to and qualified by the Global Notes. In the event that the Schedules and SOFA differ from the Global Notes, ***the Global Notes shall control.***

The estimate of Claims set forth in the Schedules may not reflect assertions by the Debtors' creditors of a right to have such Claims paid or reclassified under the Bankruptcy Code or orders of the Bankruptcy Court.

11. **Property and Equipment.** Nothing in the Schedules or SOFA (including, without limitation the failure to list leased property or equipment as owned property or equipment) is, or shall be construed as, an admission as to the determination of legal status of any lease (including whether any lease is a true lease or financing arrangement).

12. **Guaranties and Other Secondary Liability Claims.** The Debtors and their professionals have made reasonable efforts to locate and identify guaranties and other secondary liability Claims (collectively, the "Guaranties") with respect to each of the executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. Where Guaranties have been identified, they have been included in the relevant Schedule. It is possible that certain Guaranties embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments and other such agreements may have been inadvertently omitted. The Debtors reserves the right to amend the Schedules to the extent additional Guaranties are identified or such Guaranties are discovered to have expired or be unenforceable. In addition, the Debtors reserves the right (i) to amend the Schedules and SOFA and to recharacterize or reclassify any such contract or Claim, and (ii) to contest the validity or enforceability of any such Guaranties. Additionally, failure to list any Guaranties in the Schedules and SOFA, including in any future amendments to the Schedules and SOFA, shall not affect the enforceability of any Guaranties not listed.

13. **Insiders.** For purposes of the Schedules and SOFA, the Debtors define "insider" pursuant to section 101(31) of the Bankruptcy Code as (a) directors, (b) officers, (c) relatives of directors or officers of a Debtor, (d) any managing agent or managing member of a Debtor and (e) entities that may be under common ownership with a Debtor. Payments to insiders listed in (a) through (e) above are set forth on SOFA Item 3.c. Persons listed as "insiders" have been included for informational purposes only. The Debtors did not take any position with respect to whether such individual could successfully argue that he or she is not an "insider" under applicable law, including without limitation, the federal securities laws, or with respect to any theories of liability or for any other purpose.

14. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.

15. **Executory Contracts and Unexpired Leases.** Although the Debtors and their professionals made diligent attempts to attribute executory contracts and unexpired leases in the Schedules, they may have inadvertently failed to identify every contract or unexpired lease due to the complexity and size of the Debtors' businesses and failure to receive all documents from First Physicians.

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Moreover, the Debtors and their professionals may have not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and SOFA, even though these contracts and leases may have some value to the Debtors' estates. The Debtors' executory contracts and unexpired leases have been set forth in Schedule G. The Debtors' rejection of executory contracts and unexpired leases may result in the assertion of rejection damage Claims. The Schedules and SOFA do not reflect any Claims for rejection damages. The Debtors reserve the right to make any arguments and objections with respect to the assertion of any such Claims.

16. **Causes of Action.** Despite their reasonable efforts to identify all known assets, the Debtors and their professionals may not have listed all of the Causes of Action or potential Causes of Action against third parties as assets in the Schedules and SOFA, including, without limitation, Causes of Action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers.

The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, "Causes of Action") they may have, and neither these Global Notes nor the Schedules and SOFA shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

17. **Setoffs.** The Debtors incurred certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, debit memos, credits, and other disputes between the Debtors and their suppliers and/or customers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtors' industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Schedules and SOFA.

The claims of individual creditors for, among other things, services or taxes are listed as the amounts entered in the books and records and may not reflect credits, allowances or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights regarding such credits, allowances or other adjustments.

SPECIFIC DISCLOSURES WITH RESPECT TO THE SCHEDULES

Schedule A/B - Real and Personal Property

Despite commercially reasonable efforts to identify all known assets, the Debtors may not have listed all of the Debtors' Causes of Action or potential Causes of Action against third parties

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as assets in the Schedules and SOFA, including, but not limited to, Causes of Action arising under the Bankruptcy Code or any other applicable laws to recover assets or avoid transfers.

Security deposits held by real property lessor and utility companies to the extent known have been included on the Debtor's Schedule A/B. Separately, some of the Debtors' personal property is held and maintained at third-party locations.

The Debtors are working on obtaining values of certain assets of the Debtors.

Item 7 & 8 – Deposits and Prepayments

The Debtors' characterization of an asset listed in these Items is not a legal characterization of either a deposit or a prepayment. The Debtors reserve all of their rights to re-categorize and/or recharacterize such asset holdings at a later time as appropriate. Additionally, the amounts set forth on these Items do not include amounts held as retainers by professionals.

Item 75 - Other Contingent and Unliquidated Claims or Causes of Action of Every Nature, Including Counterclaims of the Debtor, Rights to Setoff Claims and Intercompany Claims

The Debtors' failure to list any contingent and/or unliquidated claim held by the Debtors in response to this question shall not constitute a waiver, release, relinquishment, or forfeiture of such claim. In the ordinary course of their business, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-claims, setoffs, refunds, or other warranty claims. Additionally, the Debtors may be party to pending litigation in which the Debtors has asserted, or the Debtors may assert, claims as a plaintiff or counter-claims as a defendant. Because such claims are unknown to the Debtors and their professionals and not quantifiable as of the Petition Date, they are not listed in Item 75. Finally, because of Debtors still waiting on production of documents from First Physicians, the Debtors may or may not have claims against related entities in unknown amounts, and therefore, the Debtors has designated those potential claims as "unspecified claims against related parties".

Schedule D - Creditors Holding Secured Claims

The Claims listed on Schedule D arose or were incurred on various dates. A determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive at this point. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date. Except as otherwise agreed pursuant an order of the Bankruptcy Court, the Debtors reserve the right to dispute or challenge the validity, perfection or priority of any lien purported to be granted or perfected in any specific asset to a creditor listed on Schedule D. The descriptions provided on Schedule D are intended only as a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in Schedule D shall be deemed a modification, interpretation, or waiver of the terms of any such agreements.

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The Debtors may have not included on Schedule D all parties that may believe their Claims are secured through setoff rights, deposits posted by, or on behalf of, the Debtor, inchoate statutory lien rights, or real property lessors, utility companies and other parties that may hold security deposits.

By listing a party on Schedule D based on a UCC-1 filing, the Debtors is not conceding that such party actually holds a perfected, unavoidable security interest in the asset that is the subject of such filing, and reserves all rights as set forth in these Global Notes.

The value amounts listed the Debtors' reserve all rights to amend, dispute or challenge.

Schedule E/F - Creditors Holding Unsecured Priority and/or Unsecured Non-Priority Claims

The listing of any Claim on Schedule E/F does not constitute an admission by the Debtors that such Claim is entitled to priority treatment under section 507 of the Bankruptcy Code. The Debtors reserves their right to dispute the priority status of any Claim on any basis.

The unsecured non-priority Claims of individual creditors for, among other things, products, or services are listed as either the lower of the amounts invoiced by the creditor or the amounts reflected in the books and records and may not reflect credits or allowances due from such creditors to the Debtor. The Claims listed on Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a Claim arose may be subject to dispute. While commercially reasonable efforts have been made, determining the date upon which each Claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors does not list respective dates for the Claims listed on Schedule E/F.

Schedule E/F includes the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

To the extent the Debtors has listed any alleged holders of "Notes" as holders of "undisputed" general unsecured Claims, except in the instance where the Debtors believes that a particular holder of Notes may have a contingent, unliquidated and/or disputed Claim based on facts specific to that holder, the Debtors reserves all rights to recharacterize, reclassify, recategorize, redesignate, add or delete Claims in respect of "Notes" reported in the Schedules and SOFA at a later time as is necessary or appropriate as additional information becomes available. Scheduled amounts for Notes do not include accrued but unpaid interest.

The listing of any Claim on Schedules is not an admission by the Debtors that Debtors owe that amount.

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Schedule G - Unexpired Leases and Executory Contracts

Although commercially reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions or overinclusion may have occurred in preparing Schedule G. In the ordinary course of business, the Debtor entered into various agreements with customers and vendors. The Debtor may have entered into various other types of agreements in the ordinary course of their business, such as indemnity agreements, supplemental agreements, letter agreements, and confidentiality agreements that may not be set forth in Schedule G. Omission of a contract, lease or other agreement from Schedule G does not constitute an admission that such omitted contract, lease or agreement is not an executory contract or unexpired lease. Likewise, the listing of an agreement on Schedule G does not constitute an admission that such agreement is an executory contract or unexpired lease, or that such agreement was in effect or unexpired on the applicable Petition Date or is valid or enforceable. The agreements listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters and other documents, instruments and agreements that may not be listed on Schedule G. Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

Any and all rights, Claims and Causes of Action of the Debtors with respect to the agreements listed on Schedule G are hereby reserved and preserved.

Schedule H - Co-Debtors

The Debtors may have co-debtors or co-obligors under various leases, contracts or other agreements. The Debtors has made a reasonable effort to include these co-debtor or co-obligor relationships in Schedule H; however, certain co-debtor and co-obligor relationships may have been inadvertently omitted.

Any omission of a co-debtor or co-obligor in the Schedules does not constitute an admission that such omitted co-debtor or co-obligor is not obligated or liable under the relevant debt. The Debtors' rights under the Bankruptcy Code and non-bankruptcy law with respect to any omitted co-debtor or co-obligor are not impaired by the omission.

SPECIFIC DISCLOSURES WITH RESPECT TO THE SOFA

SOFA Item 3 – 90 Day Payments

SOFA Item 3 includes any disbursement or other transfer made by the Debtors within 90 days before the applicable Petition Date except for those made to insiders (which payments appear in response to SOFA Item 30). All disbursements listed on SOFA Item 3 are made through the Debtors' cash management system.

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SOFA Item 4 – Insider Payments

The Debtors has attempted to include all payments made on or within 12 months before the applicable Petition Date to any individual or entity deemed an “insider.” The listing of a party as an insider is not intended to be nor should be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, Claim, right or defense, and all such rights, Claims, and defenses are hereby expressly reserved.

SOFA Item 6 – Setoffs

Ordinary course setoffs are excluded from the Debtors’ response to SOFA Item 6 except where otherwise noted.

SOFA Item 10 – Losses from Fire, Theft, or Other Casualty

The Debtors may have occasionally incurred losses for a variety of reasons, including theft and property damage. The Debtors, however, may not have records of all such losses to the extent such losses do not have a material impact on the Debtors’ business or are not reported for insurance purposes.

SOFA Item 26(b) – Books, Records and Financial Statements

In the ordinary course of business the Debtors may have provided certain parties, such as financial institutions, debtholders, auditors, consultants, potential investors, vendors, tax preparers and financial advisors financial statements that may not be part of a public filing. The Debtors has not provided a list of these parties in response to this question.

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